Fill in this information to identify your case	9:
United States Bankruptcy Court for the:	
EASTERN District of N	NEW YORK
Case number (If known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13

ULENK U.S. BANARUPTCY EASTERH DISTRIGT OF NEW YORK

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RECE Check-if this is an

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

2/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

P	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your	Andrea	
	government-issued picture identification (for example,	First name	First name
	your driver's license or	Ann Marie	
	passport).	Middle name	Middle name
	Bring your picture	Gordon	
	identification to your meeting with the trustee.	Last name	Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	First name	First name
	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
10904-7-108			
3.	Only the last 4 digits of	7752	
	your Social Security	xxx - xx - <u>7753</u>	xxx - xx
	number or federal	OR	OR
	Individual Taxpayer Identification number (ITIN)	9 xx - xx	9 xx - xx

Debtor 1	Andrea Ann Mar			Case number (if known)	
	TO APPRINTED TO STORE SECTION AND A PROPERTY OF THE SECTION ASSESSMENT AND A SECTION ASSESSMENT ASS	About Debtor 1:	tion philipping de character 42 violated in Franch accept secults, who can an except accept secure acceptage	About Debtor 2 (Sp	ouse Only in a Joint Case):
and E	usiness names mployer fication Numbers you have used in	☑ I have not used any bu	usiness names or EINs.	☐ I have not used a	any business names or EINs.
the las	st 8 years	Business name	******	Business name	
	ousiness as names	Business name		Business name	
		EIN		EIN	
		EIN		EIN	
5. Where	you live		\$	If Debtor 2 lives at a	different address:
		40 Elm Place			
		Number Street		Number Street	
		Freeport	NY 11520		
		City	State ZIP Code	City	State ZIP Cod
		County		County	Was to the second secon
		If your mailing address is above, fill it in here. Note any notices to you at this m	that the court will send	If Debtor 2's mailing yours, fill it in here. I any notices to this ma	address is different from Note that the court will send iling address.
		40 Elm Place			
		Number Street		Number Street	
		P.O. Box		P.O. Box	
		Freeport NY City	State ZIP Code	City	State ZIP Code
Why yo	ou are choosing	Check one:	Net (COME) on makes her attemption to the tree of the second seco	one kalantan proposition with the service and the consideration of the section of	was expected as the contract of the contract
this dis bankru	etrict to file for ptcy	Over the last 180 days to I have lived in this district other district.	pefore filing this petition, ct longer than in any	Over the last 180 d I have lived in this o other district.	lays before filing this petition, district longer than in any
		☐ I have another reason. E (See 28 U.S.C. § 1408.)		☐ I have another reas (See 28 U.S.C. § 1	
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E	Debtor 1 Andrea Ann Mar		Last Name		Case number (#	f known)
	r not value Widdle in	ianio	real Malife			
	Part 2: Tell the Court Abo	out Your	Bankruptcy Case			
7	. The chapter of the Bankruptcy Code you	Check for Ban	one. (For a brief description of each, kruptcy (Form 2010)). Also, go to the	see <i>No</i> e top of	<i>tice Required by 1</i> page 1 and check	1 U.S.C. § 342(b) for Individuals Filing the appropriate box.
	are choosing to file under	***************************************	apter 7			
	undo	☐ Cha	apter 11			
		☐ Cha	apter 12			
		✓ Cha	apter 13			
8.	. How you will pay the fee	loca you sub with I ne App I re By I less pay	al court for more details about hourself, you may pay with cash, call mitting your payment on your being a pre-printed address. The detailed in installment of the pay the fee in installment of the pay the fee in installment of the pay the quest that my fee be waived (Yaw, a judge may, but is not requising than 150% of the official poverty	w you shier's half, you take. If you may ired to, you line the noose to	may pay. Typica check, or money our attorney may ou choose this of Fee in Installmed y request this op waive your fee, nat applies to you his option, you n	y order. If your attorney is a pay with a credit card or check option, sign and attach the ents (Official Form 103A). In the street of the st
9.	Have you filed for bankruptcy within the last 8 years?	□ No ☑ Yes.	Eastern District Of New York District District District	_ When _ When _ When	MM / DD / YYYY	8-18-75533 Case number Case number Case number
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☑ No Yes.	District	_ When	MM / DD / YYYY	_ Relationship to you _ Case number, if known
			Debtor District	When		Relationship to you Case number, if known
			er cont (VI)	_ vviieii	MM / DD / YYYY	Case Hullibel, II KIOWII
11.	Do you rent your residence?	No. Yes.	Go to line 12. Has your landlord obtained an evict residence?	ìon judg	ment against you	and do you want to stay in your
			No. Go to line 12. Yes Fill out Initial Statement Ale	out on	Eviction Index===	Against You (Form 101A) and file it with
			this bankruptcy petition.	out an i	=viction Juagment	Against You (Form TUTA) and file it with

Case 8-19-74145-reg Filed 06/07/19 Entered 06/07/19 10:39:38 Doc 1 Andrea Ann Marie Gordon Case number (if known) Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. Go to Part 4. of any full- or part-time Yes. Name and location of business business? A sole proprietorship is a business you operate as an Name of business, if any individual, and is not a separate legal entity such as a corporation, partnership, or Number Street If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. City State ZIP Code Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your Chapter 11 of the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if **Bankruptcy Code and** any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). are you a small business No. I am not filing under Chapter 11. For a definition of small business debtor, see No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in 11 U.S.C. § 101(51D). the Bankruptcy Code. Tes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any **∠** No property that poses or is ☐ Yes. What is the hazard? alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs If immediate attention is needed, why is it needed? _ immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? Where is the property? Number Street

Official Form 101

Debtor 1

Part 3:

LLC.

debtor?

Part 4:

City

ZIP Code

State

Debtor 1

Andrea Ann Marie

Gordon

irst Name Middle Name

act Name

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

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About Debtor 1:																															

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing abou
credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making

rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

 □ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

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						caus			-		

Incapacity. I have a mental illness or a me

 I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1	Andrea Ann Marie First Name Middle Nam		Case number (if ki	nown)
Part 6:	Answer These Que	stions for Reporting Purpo	oses	
16. What you h	kind of debts do	16a. Are your debts prima as "incurred by an individed No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts prima money for a business or No. Go to line 16c. Yes. Go to line 17.	arily consumer debts? Consumer deadual primarily for a personal, family, or hou arily business debts? Business debts investment or through the operation of the operation operation of the operation operatio	e are debts that you incurred to obtain business or investment.
Chapt Do yo any exclud admin are pa availa		No. I am not filing under Comparts administrative expenses No	Chapter 7. Go to line 18. pter 7. Do you estimate that after any exer ses are paid that funds will be available to	mpt property is excluded and distribute to unsecured creditors?
	nany creditors do stimate that you	1-49 50-99 100-199 200-999	1,000-5,000 5,001-10,000 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,000
	nuch do you ate your assets to rth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$\$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
	nuch do you ate your liabilities	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Part 7:		correct. If I have chosen to file under Cl of title 11, United States Code. under Chapter 7. If no attorney represents me ar this document, I have obtained I request relief in accordance w I understand making a false sta	ault in fines up to \$250,000, or imprisonme and 3571.	if eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed who is not an attorney to help me fill out . § 342(b). ode, specified in this petition. money or property by fraud in connection
		Executed on 6/0	Executed	on

Debtor 1	Andrea Ann Marie First Name Middle Name		Case number (if known)
bankruptc attorney	you are filing this y without an represented by	should understand that m themselves successfully. consequences, you are st	ndividual, to represent yourself in bankruptcy court, but you any people find it extremely difficult to represent Because bankruptcy has long-term financial and legal rongly urged to hire a qualified attorney.
an attorne	y, you do not [*] e this page.	technical, and a mistake or in dismissed because you did n hearing, or cooperate with the firm if your case is selected for	prrectly file and handle your bankruptcy case. The rules are very action may affect your rights. For example, your case may be not file a required document, pay a fee on time, attend a meeting or court, case trustee, U.S. trustee, bankruptcy administrator, or audit or audit. If that happens, you could lose your right to file another ions, including the benefit of the automatic stay.
		court. Even if you plan to pay in your schedules. If you do n property or properly claim it a also deny you a discharge of case, such as destroying or h cases are randomly audited to	and debts in the schedules that you are required to file with the a particular debt outside of your bankruptcy, you must list that debt of list a debt, the debt may not be discharged. If you do not list is exempt, you may not be able to keep the property. The judge can all your debts if you do something dishonest in your bankruptcy ding property, falsifying records, or lying. Individual bankruptcy is determine if debtors have been accurate, truthful, and complete.
		hired an attorney. The court w successful, you must be famil	attorney, the court expects you to follow the rules as if you had ill not treat you differently because you are filing for yourself. To be ar with the United States Bankruptcy Code, the Federal Rules of e local rules of the court in which your case is filed. You must also aption laws that apply.
		Are you aware that filing for boconsequences? No Yes	inkruptcy is a serious action with long-term financial and legal
		inaccurate or incomplete, you No Yes	fraud is a serious crime and that if your bankruptcy forms are could be fined or imprisoned?
		No Yes. Name of Person	meone who is not an attorney to help you fill out your bankruptcy forms? fon Preparer's Notice, Declaration, and Signature (Official Form 119).
		have read and understood this	that I understand the risks involved in filing without an attorney. I notice, and I am aware that filing a bankruptcy case without an my rights or property if I do not properly handle the case.
		Signature of Debtor 1	Signature of Debtor 2
		Date	Date MM / DD / YYYY Contact phone

Cell phone

Email address

Cell phone

Email address

F	ill in this in	formation to identify	VOUE CASE:			
				Gordon		
D	ebtor 1 _	Andrea First Name	Ann Marie Middle Name	Last Name		
	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name		
υ	nited States E	Bankruptcy Court for the:	EASTERN District of	NEW YORK		
С	ase number	(If known)				☐ Check if this is an amended filing
0	fficial F	orm 106Sum	<u>1_</u>			
S	ummar	y of Your As	sets and Li	abilities and	Certain Statistical In	formation 12/15
info you	ormation. F ur original f	ill out all of your sche	edules first; then co ut a new <i>Summary</i> a		ether, both are equally responsible to non this form. If you are filing amende top of this page.	
						Your assets Value of what you own
1.	Schedule A	/B: Property (Official Fo	orm 106A/B)			s 776400
	1a. Copy lin	e 55, Total real estate,	from Schedule A/B			\$ 770400
	1b. Copy lin	e 62, Total personal pr	operty, from Schedul	e A/B		\$ <u>194100</u>
	1c. Copy line	e 63, Total of all prope	rty on <i>Schedule A/</i> B .			\$ <u>970500</u>
Pa	rt 2: Su	mmarize Your Liab	ilities			
	· · · · · · · · · · · · · · · · · · ·			- to the contract of		
						Your liabilities
2.	Schedule D:	: Creditors Who Have (Claims Secured by Pi	roperty (Official Form 10	6D)	Amount you owe
	2a. Copy the	e total you listed in Col	umn A, <i>Amount of cla</i>	im, at the bottom of the	last page of Part 1 of Schedule D	\$ _1760000
		/F: Creditors Who Have e total claims from Part			Schedule E/F	\$_ <u>0</u>
	3b. Copy the	e total claims from Part	2 (nonpriority unsecu	ured claims) from line 6j	of Schedule E/F	···· + \$ <u>0</u>
					Your total liabilitie	s <u>1760000</u>
Pa	rt€i Sur	mmarize Your Inco	me and Expenses	6		
4	Sahadula II	Vour Income (Official F	form 1061)			
		Your Income (Official Foundation of the contract of the contra		hedule I		<u>9184</u>
		Your Expenses (Officia				\$ 8938
	copy your n	nontnly expenses from	ine ZZC of Schedule	J		\$ 8938

Debtor 1	Andrea Ann Marie	Gordon	Case number (if known)	
	First Name Middle Name	Last Name		
Part 4:	Answer These Questions	for Administrative and Statistic	cal Records	- '' "I
6. Are y	ou filing for bankruptcy under (Chapters 7, 11, or 13?		
	o. You have nothing to report on t	his part of the form. Check this box and	submit this form to the court with your of	her schedules.
1 2 1.	es			
a a construent or gallering	and carbony retromption on produced the content registers at the transition of the con-	a magangangan kenamagi dalah sang sang sang sang sang sang sang sang	etang ngahikatan katapatén mga kanatan dipangga ngapitikatan katapga kiginga kamitan katapatéh mga kamatan.	na potandaren eta escere en en escribir de participar de escribilitar en describir en en escribir en en escrib
guerran-mass	kind of debt do you have?			
⊾∕1 Yo	our debts are primarily consum mily, or household purpose." 11 U	er debts. Consumer debts are those "i .S.C. § 101(8). Fill out lines 8-9g for sta	ncurred by an individual primarily for a pe atistical purposes, 28 U.S.C. § 159.	rsonal,
pourowee			ort on this part of the form. Check this box	and submit
	is form to the court with your othe		on the part of the forms of the sor	. 2.10
and the second of the	. 1911 - James Langsengul, John Later på lyng syklapet egdere så ag pendalyd egendereg á enhe	ttäädistentäenn vääntä väään etä ennää anton tää vaan päännnävääääääääääääääääääääääääääääää	tan ataung pulat, yelang a sasabay yerumpangan daga etamada parabaya san atau ay atau atau a	gti etawer generi i uid kiri une kreede i ui i krawe kryi i vii i i kreek
8. From Form	122A-1 Line 11; OR, Form 122B	<i>Monthly Incom</i> e: Copy your total curre ∟ine 11; OR , Form 122C-1 Line 14.	ent monthly income from Official	\$ 11255
s en la majoria megenale menerale sens	uano un respersir per os principas respersas respersas producinas representadas principas interpresentadas pri O principas respersivas per o principas respersas principas de producinas principas interpresentadas principas		ringenggaget i talanga appendisentaggaga aga ayan da sa	dan un regionamente en antanario estre en entre
9. Copy	the following special categories	of claims from Part 4, line 6 of Scho	edule E/F:	
			Total claim	
Fror	n Part 4 on Schedule E/F, copy	the following:		
0 B		r - 0-1	\$ <u>0</u>	
9a. Do	omestic support obligations (Copy	line 6a.)	\$ <u> </u>	
9b. Ta	xes and certain other debts you o	we the government. (Copy line 6b.)	\$0	
0.01			s 0	
9c. Cla	aims for death or personal injury w	hile you were intoxicated. (Copy line 6	C.) \$	_
9d. St	udent loans. (Copy line 6f.)		\$ <u> </u>	_
	and the second second			
	ority claims. (Copy line 6g.)	on agreement or divorce that you did no	st report as \$0	_
Qf De	hts to pension or profit-sharing pl	ans, and other similar debts. (Copy line	.6h\ +	
Ji. De	sate to pension or pront-snaring pr	and, and other similar debts. (Oopy inte	Ψ	-
9g. To	tal. Add lines 9a through 9f.		s0_	_
				_

Fill in th	is information to identify your case and	his filing:		
Debtor 1	Andrea Ann Marie	Gordon		
Debtor 2	First Name Middle Name	Last Name		
• • •	filing) First Name Middle Name ates Bankruptcy Court for the: <u>EASTERN</u> Dis	Last Name		
Case num		HELDI TOTAL		
			Ţ	Check if this is an amended filing
Offici	ial Form 106 A/D			amended liling
	ial Form 106A/B	4		
Sch	edule A/B: Proper	ty		12/15
category respons	y where you think it fits best. Be as comible for supplying correct information. If ur name and case number (if known). Ar	ms. List an asset only once. If an asset fits in a plete and accurate as possible. If two married proof more space is needed, attach a separate sheet swer every question. g, Land, or Other Real Estate You Own or	people are filing together, bo to this form. On the top of a	oth are equally
1. Do yo	u own or have any legal or equitable inte	rest in any residence, building, land, or similar	property?	
Pedit Consider.	o. Go to Part 2.			
V Ye	s. Where is the property?	What is the property? Check all that apply.	Do not deduct secured cla	aims or exemptions. But
1.1.	Primary Residence 40 Elm Pl, F	Single-family home	the amount of any secure Creditors Who Have Clair	ed claims on <i>Schedule D:</i>
	Street address, if available, or other description	 Duplex or multi-unit building Condominium or cooperative 	Current value of the	Current value of the
	Loc: 40 Elm Pl, Freeport, Ny 11520	☐ Manufactured or mobile home ☐ Land	entire property? \$ 416400	portion you own?
		Investment property		\$ 416400
	City State ZIP Coo	Timeshare Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
		Who has an interest in the property? Check	•	••
	County	Debtor 1 only Debtor 2 only	PAGE AND ALL MANAGEMENT OF STREET CO. ST. CO.	
	County	Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
		At least one of the debtors and another Other information you wish to add about the	,	
16	and the second s	property identification number: 40 Flm PL		
ir you c	own or have more than one, list here:	What is the property? Check all that apply.	Do not deduct secured cla	sime of exemptions. But
1.2.	615 Bryant St	Single-family home Duplex or multi-unit building	the amount of any secured Creditors Who Have Clain	d claims on Schedule D:
	Street address, if available, or other description	 Duplex or multi-unit building Condominium or cooperative 	Current value of the	Current value of the
		☐ Manufactured or mobile home - ☐ Land	entire property?	portion you own?
	11200 thurs AVI 1150	Land Investment property	\$	\$
i	City State ZIP Code	Timeshare Other	Describe the nature of interest (such as fee state the entireties, or a life	simple, tenancy by
	Nassau	Who has an interest in the property? Check of Debtor 1 only	ne.	
ī	County	Debtor 2 only		
·	v	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Check if this is co	mmunity property
		Other information you wish to add about thi	, ,	
		property identification number:		

Official Form 106A/B

Andrea Ann Marie Gordon Debtor 1 Case number (if known) What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: ☐ Single-family home Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Current value of the Current value of the Condominium or cooperative entire property? portion you own? Manufactured or mobile home Land ☐ Investment property Describe the nature of your ownership City ZIP Code ☐ Timeshare State interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 416400 you have attached for Part 1. Write that number here. **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes 200 Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put 3.1. the amount of any secured claims on Schedule D: Chrysler Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only 2015 Year: Current value of the Current value of the Debtor 1 and Debtor 2 only 85000 entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: \$ 9500 \$ 9500 ☐ Check if this is community property (see 2015 Chrysler 200 Automobile instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put 3.2. the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions)

Case 8-19-74145-reg

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Schedule A/B: Property

page 2

Case 8-19-74145-reg Doc 1 Filed 06/07/19 Entered 06/07/19 10:39:38 Andrea Ann Marie Gordon Debtor 1 Case number (if known)_ Middle Name Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put 3.3 the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the
Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Make: 3 4 the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the
Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories **2** No Yes Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 4.1. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 4.2. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another ☐ Check if this is community property (see instructions) 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages 9500 you have attached for Part 2. Write that number here

Do you own or have any	legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
Parameters.	d furnishings ances, furniture, linens, china, kitchenware	
No Yes. Describe	Household Furnishings - 40 Elm Place, Freeport 11520	\$_1000
	and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games	
	Computers, Cellphone & Televis - 40 Elm Place, Freeport, Ny	\$_2000
	d figurines; paintings, prints, or other artwork; books, pictures, or other art objects; , or baseball card collections; other collections, memorabilia, collectibles	one and an analysis of the second sec
Yes. Describe		\$
	tographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments	\$
10. Firearms		and an analysis of the second
No Ves. Describe	s, shotguns, ammunition, and related equipment	Specificación des Palagonos
res. Describe		\$
11. Clothes Examples: Everyday clo	othes, furs, leather coats, designer wear, shoes, accessories	AAAN Isaaniik,
Yes. Describe	Miscellaneous Apparel - 40 Elm Place, Freeport, Ny 11520	\$ <u>1000</u>
2. Jewelry		
Examples: Everyday jev gold, silver	velry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	
Yes. Describe		\$
3. Non-farm animals Examples: Dogs, cats, t		or there to use?
√ No	The continue with the control to the	one and the state of the state

2 No

	of all of your entries from Part 3, including any entries for pages you have attached number here
information	
Yes. Give specific	

4000

\$_

Debtor 1

Andrea Ann Marie
First Name Middle Name

Gordon

Case number (if known)_____

Part 4: Describe Ye	our Financial Assets						
Do you own or have any	Do you own or have any legal or equitable interest in any of the following?						
16. Cash Examples: Money you	ı have in your wallet, in your hor	ne, in a safe deposit box, and on hand when you file your pe	etition				
V Yes		Cash:	\$ <u>100</u>				
		unts; certificates of deposit; shares in credit unions, brokeraç nultiple accounts with the same institution, list each.	ge houses,				
✓ Yes		Institution name:					
	17.1. Checking account:	Checking - Chase Bank	\$ 500				
	17.2. Checking account:	HTG.	<u> </u>				
	17.3. Savings account:		\$ <u></u>				
	17.4. Savings account:	Mark the second	<u> </u>				
	17.5. Certificates of deposit:		\$				
	17.6. Other financial account:		 \$				
	17.7. Other financial account:		 \$				
	17.8. Other financial account:		 \$				
	17.9. Other financial account:		\$				
	or publicly traded stocks investment accounts with broke Institution or issuer name:	erage firms, money market accounts					
			\$ <u></u>				
			\$				
19. Non-publicly traded s an LLC, partnership,		rated and unincorporated businesses, including an inter	rest in				
☑ No	Name of entity:	% of owne	rship:				
Yes. Give specific information about			% \$				
them			% ¢				

Case 8-19-74145-reg Doc 1 Filed 06/07/19 Entered 06/07/19 10:39:38 Andrea Ann Marie Gordon Debtor 1 Case number (if known)___ Middle Name 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☑ No Yes. Give specific Issuer name: information about them..... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Type of account: Institution name: 401k - Charles Schwab \$ 180000 401(k) or similar plan Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others A No Yes Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: ____ Prepaid rent: Telephone: Water: Rented furniture: Other: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) **√** No Yes Issuer name and description:

Case 8-19-74145-reg Doc 1 Filed 06/07/19 Entered 06/07/19 10:39:38 Andrea Ann Marie Gordon Debtor 1 Case number (if known) First Name Middle Name 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No No 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit V No Yes. Give specific information about them.... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements VI No Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No No Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you Yes. Give specific information Federal: about them, including whether you already filed the returns State and the tax years. Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... Alimony: Maintenance: Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ☑ No Yes. Give specific information.....

Official Form 106A/B

Schedule A/B: Property

page 7

Gordon Andrea Ann Marie Debtor 1 Case number (if known) Middle Name 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Yes. Name the insurance company Company name: Beneficiary: Surrender or refund value: of each policy and list its value ... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No No Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue Yes. Describe each claim..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims Z No Yes. Describe each claim..... 35. Any financial assets you did not already list Z No Yes. Give specific information..... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 180600 for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned VZ No Yes. Describe..... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices V No Yes. Describe...

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Official Form 106A/B Schedule A/B: Property page 8

Andrea Ann Marie Gordon Debtor 1 Case number (if known) First Name Middle Name 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade No. Yes. Describe...... 41. Inventory ï No Yes. Describe..... 42. Interests in partnerships or joint ventures Yes. Describe...... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations No No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe...... 44. Any business-related property you did not already list No No Yes. Give specific information 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46.Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish No No Yes.....

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Official Form 106A/B

Schedule A/B: Property

page 9

Andrea Ann Marie Gordon Debtor 1 Case number (If known) 48. Crops-either growing or harvested V No Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade V No Yes 50 Farm and fishing supplies, chemicals, and feed Z No **Q** Yes..... 51. Any farm- and commercial fishing-related property you did not already list **√** No Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here Part 79 Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership **1** No Yes. Give specific information..... **\$**_ **0** 54. Add the dollar value of all of your entries from Part 7. Write that number here Part 8: List the Totals of Each Part of this Form 416400 55. Part 1: Total real estate, line 2 \$ 9500 56. Part 2: Total vehicles, line 5 4000 57. Part 3: Total personal and household items, line 15 180600 58. Part 4: Total financial assets, line 36 59 Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 s 194100 Copy personal property total → +\$ 194100 62. Total personal property. Add lines 56 through 61. 610500 63. Total of all property on Schedule A/B. Add line 55 + line 62.....

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Official Form 106A/B Schedule A/B: Property page 10

F	ill in this in	formation to	identify your case:					
D	ebtor 1	Andrea	Ann Mar					
	ebtor 2	First Name	Middle Name	L	ast Name			
,	Spouse, if filing)		Middle Name		ast Name			
		Bankruptcy Cou	rt for the: <u>EASTERN</u> I	District of NEW	YORK			
	ase number f known)						☐ Check if this is a amended filing	ın
							Ü	
0	fficial F	orm 106	SC					
S	ched	ule C:	The Pro	perty \	ou Clair	n as Exemp	t 04/19	
Usi spa	ng the prop ice is neede	erty you listed	on <i>Schedule A/B: Pro_i</i> attach to this page as r	perty (Official Fo	orm 106A/B) as you	r source, list the property that	supplying correct information. t you claim as exempt. If more of any additional pages, write	
spe of a reti limi wou	ecific dollar any applica rement fun its the exer uld be limit	amount as e ble statutory ds—may be u nption to a pa ed to the app	xempt. Alternatively, limit. Some exemptio unlimited in dollar am	you may claim ons—such as to nount. Howevent and the valu ount.	n the full fair marke hose for health aid r, if you claim an e	et value of the property beir ls, rights to receive certain	arket value under a law that	
1.	☐ You at	e claiming sta	ns are you claiming? te and federal nonbanl eral exemptions. 11 U	kruptcy exempti	ions. 11 U.S.C. § 52			
2.	For any p	roperty you lis	st on Schedule A/B ti	nat you claim a	as exempt, fill in th	e information below.		
		cription of the A/B that lists	property and line on this property	Current value portion you or		of the exemption you claim	Specific laws that allow exemption	
				Copy the value Schedule A/B	from Check onl	y one box for each exemption.		
	Brief description	Avo W	Iouse 615 Bryant	\$ <u>360000</u>	 \$		5206(a), In Re Pearl, 723 F.2d 193(2nd Cir. 1983);	
	Line from Schedule	A/B:				of fair market value, up to pplicable statutory limit		
	Brief description	Automo	rysler 200 bile	\$ <u>9500</u>			Debtor & Creditor 282(1):	
	Line from Schedule		Davidan a 40 Elm		•	of fair market value, up to pplicable statutory limit		
	Brief description	DI D	Residence 40 Elm	\$ <u>416400</u>		of fair market value, up to	5206(a), In Re Pearl, 723 F.2d 193(2nd Cir. 1983);	
	Line from Schedule .	A/B:				oplicable statutory limit		
3.			nestead exemption of					
	(Subject to	adjustment or	1 4/01/22 and every 3 y	ears after that	tor cases filed on or	after the date of adjustment.))	
		d you acquire	the property covered b	y the exemptio	n within 1,215 days	before you filed this case?		
	□ No							
	- ''							

Debtor 1

Andrea Ann Marie
First Name Middle Name

Gordon Last Name

Case number (if known)___

	1900		7	100
ш:	n		в.	FΒ
Shak	and the	and the	and the same	Lill (

Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Check only one box for each exemption		
Brief description:	401k	\$_180000	- \$	Debtor & Creditor 282(2)(e),5205(c);	
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit		
Brief description: Line from Schedule A/B:	Computers, Cellphone & Televis	\$_2000	\$ \$ 100% of fair market value, up to any applicable statutory limit	Debtor & Creditor 282(1), 5205(1)-(6);	
Brief description:	Checking	\$_500	□ \$ 100% of fair market value, up to	Debtor & Creditor 283(2);	
Schedule A/B: Brief	Cash On Hand	_{\$} 100	any applicable statutory limit	Debtor & Creditor 283(2);	
description: Line from Schedule A/B:		4	100% of fair market value, up to any applicable statutory limit		
Brief description:	Household Furnishings	\$ <u>1000</u>	\$\$ 100% of fair market value, up to	<u>Debtor & Creditor 282(1),</u> 5205(1)-(6);	
Line from Schedule A/B:	Missella noova Amanal		any applicable statutory limit		
Brief description: Line from Schedule A/B:	Miscellaneous Apparel	\$ <u>1000</u>	\$\$ fair market value, up to any applicable statutory limit	Debtor & Creditor 282(1), 5205(1)-(6);	
Brief description: Line from Schedule A/B:	***************************************	\$	□ \$ □ 100% of fair market value, up to any applicable statutory limit		
Brief description: Line from Schedule A/B:		\$	□ \$ □ 100% of fair market value, up to any applicable statutory limit		
Brief description: Line from Schedule A/B:		\$	\$ 100% of fair market value, up to any applicable statutory limit		
Brief description: Line from Schedule A/B:		\$	\$ \$ 100% of fair market value, up to any applicable statutory limit		
Brief description: Line from Schedule A/B:		\$	□ \$ □ 100% of fair market value, up to any applicable statutory limit		
Brief description: Line from Schedule A/B:		\$	\$ 100% of fair market value, up to any applicable statutory limit		

Callular (1985-19							
HIMMUSII	nformation to identify yo		G. A.				
Debtor 1	Andrea First Name	Ann Marie Middle Name	Gordon Last Name				
Debtor 2							
(Spouse, if filing		Middle Name	Last Name				
United States	Bankruptcy Court for the: \underline{E}	ASTERN District of	f NEW YORK				
Case number	AND THE RESERVE THE PARTY OF TH					☐ Check	if this is an
(If known)						amende	
Official	Form 106D						
***************************************	lule D: Credi			10 personal and a second and a second and a second and a second a second a second a second a second a second a			12/15
Be as comp	lete and accurate as po . If more space is neede	ssible. If two man	ried people are filing tog	ether, both are eq	ually responsible f	or supplying correct	t anv
additional p	ages, write your name a	and case number	(if known).	moor the charles,		ioniii on and top or	y
4 Do any o	roditore have claims see	cured by your pro	nertu?				
Gewessenoor	reditors have claims sec heck this box and submit t		_	les. You have nothi	ng else to report on t	his form.	
P - 111 - 111 - 1	ill in all of the information		-		•		
Part 1: Li	ist All Secured Claim	S			0-1	Cature B	Calumn
	cured claims. If a credito				Column A Amount of claim	Column B Value of collateral	Column C Unsecured
	laim. If more than one crease possible, list the claims				Do not deduct the	that supports this claim	portion
	20 possible, list the oldline	in diphabotical of	or according to the cream	or o riarrio.	value of collateral.	Ciaiiii	If any
2.1		Describe	the property that secures	the claim:	\$ <u>10000</u>	\$_9500	\$ <u>500</u>
Creditor's Na	cceptance	2015 Chr	ysler 200 Automobile		evolution de la company de la		
Number	Street				· · · · · · · · · · · · · · · · · · ·		
P.o. Box			date you file, the claim is	Check all that apply.			
Detroit,	MI 48255-1888	Contin Unliqui	•				
City	State ZIP (
	the debt? Check one.	Nature of	lien. Check all that apply.				
Debtor 1			eement you made (such as r	nortgage or secured			
Debtor 2	only and Debtor 2 only	car loa	n) rry lien (such as tax lien, med	hanic's lien)			
	one of the debtors and another	Judgm	ent lien from a lawsuit				
☐ Check it	f this claim relates to a	Other (including a right to offset) \underline{C}	ar Loan	-		
commu	nity debt	2017					
Date debt w	vas incurred December		its of account number				- 100000
Creditor's Na		Describe 1	he property that secures	the claim:	\$_550000	\$ 360000	§ <u>190000</u>
P.o. Box		Rental H	ouse 615 Bryant Ave, V	V			
Number	Street						
		As of the Conting	date you file, the claim is	Check all that apply.			
Virginia	Beach VA 23450	Unliqui	•				
City	State ZIP (Code Dispute	ed				
Who owes t	the debt? Check one.		lien. Check all that apply.				
Debtor 1	· ·	An agr car loa	eement you made (such as n	ortgage or secured			
Debtor 2 Debtor 1	and Debtor 2 only		ry lien (such as tax lien, mec	hanic's lien)			
	one of the debtors and another		ent lien from a lawsuit	ortgage			
☐ Check if	f this claim relates to a	☐ Other (including a right to offset)				
commu	nity debt						
A SALAN A PERSONAL PROPERTY OF A PROPERTY OF A PERSONAL PROPERTY OF	as incurred	A MANAGE CONTRACTOR OF A PROPERTY OF A PROPE	its of account number	number hero:	\$ 560000	enesialistinista kantalainen k	
Add the (dollar value of your entr	ies in Column A d	n mis page. write that i	iumber nere:	~ <u>500000</u>	ang mananan at mananan mananan menganan menganan menganan menganan menganan menganan menganan menganan mengana	

Debtor 1	Andrea Ann Marie	Gordon	e number (if known)		
Deptor 1	First Name Middle Name	Last Name Case	e Huttiber (ir known)		
Part 1:	Additional Page After listing any entries on this by 2.4, and so forth.	page, number them beginning with 2.3, followed	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
	s Fargo Equity Line	Describe the property that secures the claim:	\$ <u>100000</u>	\$ <u>416400</u>	\$_0
	ox 10335	Primary Residence 40 Elm Pl, F			
Des M	10ines IA 50306 State ZIP Code	As of the date you file, the claim is: Check all that ap Contingent Unliquidated Disputed	oply.		
Who ow	es the debt? Check one.	Nature of lien. Check all that apply.			
√ Debto	or 1 only	An agreement you made (such as mortgage or secur	ed		
Debte	or 2 only	car loan)	cu		
Debte	or 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At lea	ast one of the debtors and another	Judgment lien from a lawsuit	L. T.		
	ck if this claim relates to a	Other (including a right to offset) Mortgage Equit	<u>Line</u>		
	munity debt	0001			
Date deb	ot was incurred 2007	Last 4 digits of account number			
2.4 Wells	Fargo Home Mortgage	Describe the property that secures the claim:	\$ <u>1100000</u>	\$_416400	683600
	Sox 10335 Street	Primary Residence 40 Elm Pl, F			
Who owe Debto Debto At lea	State ZIP Code es the debt? Check one. or 1 only or 2 only or 1 and Debtor 2 only est one of the debtors and another esk if this claim relates to a munity debt	As of the date you file, the claim is: Check all that ap Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secure car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Home Mortgage	ed		
Date deb	t was incurred 12/19/2006	Last 4 digits of account number			
Philosophy is stroubless (493)	2003, and the supplies the supplies of the Section of the supplies of the supplies	na katana manana manana katana ka Katana katana katan	er trender i de de trender alle parties e de trender de trender de la composition de la composition de la comp	et e Benericke stade i delegation de la servick de se se place de se establishe en establishe de la se establishe de	ndelskylt et redne dit e n de trike i 1962 i 1982 en 1982
Creditor's	Name	Describe the property that secures the claim:	\$	\$\$	S
			VV-a-4,600 lbs		
Number	Street				
			300 F-10F-10F-10F-10F-10F-10F-10F-10F-10F-10		
		As of the date you file, the claim is: Check all that ap	ply.		
City	State ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed			
Who owe	es the debt? Check one.	Nature of lien. Check all that apply.			
Debto	r 1 only	An agreement you made (such as mortgage or secure	d		
Debto	r 2 only	car loan)	•		
☐ Debto	r 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At leas	st one of the debtors and another	Judgment lien from a lawsuit			
	k if this claim relates to a nunity debt	Other (including a right to offset)			
	t was incurred	Last 4 digits of account number			
ΔA	ld the dollar value of your entries	s in Column A on this page. Write that number her	e: s 1200000		
		add the dollar value totals from all pages.	Ψ		
	nis is the last page of your form, ite that number here:	add the donar value totals from all pages.	\$ 1760000		

Filed 06/07/19 Entered 06/07/19 10:39:38 Case 8-19-74145-reg Doc 1 Fill in this information to identify your case: Andrea Gordon Ann Marie Debtor 1 First Name Middle Name Debtor 2 (Spouse, if filing) First Name Middle Name United States Bankruptcy Court for the: EASTERN District of NEW YORK Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: **List All of Your PRIORITY Unsecured Claims** 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other, Specify ☐ No ☐ Yes 2.2 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent ☐ Unliquidated City ZIP Code ☐ Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were ☐ Check if this claim is for a community debt intoxicated Other, Specify Is the claim subject to offset? ☐ No ☐ Yes

Case 8-19-74145-reg Filed 06/07/19 Entered 06/07/19 10:39:38 Doc 1 Andrea Ann Marie Gordon Debtor 1 Case number (if known) Middle Nam Your PRIORITY Unsecured Claims - Continuation Page Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth, Total claim **Priority** Nonpriority amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent City State Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated $f \Box$ Check if this claim is for a community debt Other, Specify Is the claim subject to offset? ☐ No ☐ Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only $\hfill \Box$ Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were lacksquare Check if this claim is for a community debt intoxicated Other Specify Is the claim subject to offset? ☐ No ☐ Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent City ZIP Code ☐ Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim:

Debtor 1 and Debtor 2 only

At least one of the debtors and another

☐ Check if this claim is for a community debt

☐ No

☐ Yes

Debtor 2 only

Taxes and certain other debts you owe the government

Claims for death or personal injury while you were

Domestic support obligations

intoxicated

Other. Specify

Case 8-19-74145-reg Doc 1 Filed 06/07/19 Entered 06/07/19 10:39:38 Andrea Ann Marie Gordon Case number (if known) **List All of Your NONPRIORITY Unsecured Claims** 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Street ZIP Code As of the date you file, the claim is: Check all that apply. Contingent Who incurred the debt? Check one. ☐ Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce ☐ Check if this claim is for a community debt that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts Other, Specify ☐ Yes Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other, Specify Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Street As of the date you file, the claim is: Check all that apply. ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed

Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another lacksquare Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ☐ No Other, Specify ☐ Yes

Debtor 1

Part 2:

Number

City

☐ No

Number

☐ No ☐ Yes

Number

City

4.2

Debtor 1

Andrea Ann Marie
First Name Middle Name

Gordon

Case number (if known)_____

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

er listing any entries on this page, number them beginning with	4.4, followed by 4.5, and so forth.	Total clain
	Last 4 digits of account number	\$
Nonpriority Creditor's Name		Φ
Number Street	<u> </u>	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
	☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Student loans	
	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify	
□ No	- Other Specify	
☐ Yes		
	and higher and an inflicious front and a residence of the confidence of the confiden	nagewiet obesstatet Phron yn met pwiet obesstat.
	Last 4 digits of account number	\$
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
•	Other, Specify	
□ No □ Yes		
		oraces suggested and oracles and oracles.
Nonpriority Creditor's Name	Last 4 digits of account number	Φ
	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	••	
At least one of the debtors and another	☐ Student loans	
_	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify	
Is the claim subject to offset? ☐ No ☐ Yes	Other. Specify	

Debtor 1

Andrea Ann Marie
First Name Middle Name

Gordon

Case number (if known)_____

Total claim

387			836	933	m	
	•]	-	7	38	и	E

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims	6a. Domestic support obligations	6a.	s <u> </u>
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	s0
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$0
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$0
	6e. Total. Add lines 6a through 6d.	6e.	s0
			Total claim
Total claims	6f. Student loans	6f.	\$ <u> </u>
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$0
	6j. Total. Add lines 6f through 6i.	6j.	\$0

Fi	II in this i	nformation to id	lentify your case:				
		\ndrea	Ann Marie	Gordon			
	SDIOI	First Name	Middle Name	Last Name			
	ebtor 2 couse If filing) First Name	Middle Name	Last Name			
Ur	nited States	Bankruptcy Court f	for the: EASTERN District	of NEW YORK			
	ase number known)	NAME OF THE OWNER OWNER OF THE OWNER OWNE		*****		Check if this is an amended filing	
		Form 106					
S	ched	ule G: E	xecutory Co	ontracts and	d Unexpired Leases	12/15	
info add	rmation. itional pa Do you I	If more space is ges, write your nave any execut Check this box an	needed, copy the addiname and case number cory contracts or unexp	tional page, fill it out, n (if known). ired leases? ourt with your other sche	ogether, both are equally responsible for supply umber the entries, and attach it to this page. Or edules. You have nothing else to report on this form	n the top of any	
2.	List sepa	arately each pers , rent, vehicle le	son or company with w	hom you have the con	re listed on Schedule A/B: Property (Official Form 1 tract or lease. Then state what each contract or m in the instruction booklet for more examples of e	lease is for (for	
	Person o	or company with	whom you have the co	ontract or lease	State what the contract or lease is for		
2.1	Loanca	re			Nature: Mortgage, Debtor is lessee.		
	Name P.o. Box	x 8068			Rental House 615 Bryant Ave, W, One Half Fee Owner,		
	Number	Street			_ Debtor intends to retain lease		
	City	Beach VA 234	State ZIP Code		_		
2.2	energia e recesaria de la calendaria	ik zartein erekusikkas, net konorsaki zarteiken ekitas katagaput on ere	la literation frije dathe upptil heerfunk eet in godje dalleetingsterprepenje eet in gegeneelingspol	Microbian de mois ner mont micros de puegos em us ansperio, moi en su e se presente un sustant	tend te tetrantierimisce (teams, markimisce) teensteer van tij begleen van die vert, dan eensteer van dat eens	r gerrelle en tre e diseasetty, verdit en entre e vere	
	Name				_		
	Number	Street			_		
	City		State ZIP Code	W	_		
2.3	ekelitikoja ekseri en en juliaria.	en e fre granderina di fonera a rece e per certangga dagenera	eren er den sommeren flynderen er flynen fan it flythelligereg gelekt sept en en fan it flythelliger fa	delektrik eti movuski etilusevilmiksemines esuri mevuski iziluse ili di elektrik esudi mevisi va di vo	1988-1994 deliminate deliminate deliminate deliminate deliminate deliminate deliminate deliminate deliminate d		
	Name				_		
	Number	Street			-		
	City		State ZIP Code		_		
2.4				t till til film sku, kræs mytternegsen til fil til til gykkynnessyn mengen – y til se gykke, mesmegg	овет и сентовите потовите на принципант от потовите до настоят советству и дентовительного подательного подате Статем		
	Name				-		
	Number	Street	or merchanis a successive and the procession of the successive and the	74m. 10.2	_		
	City		State ZIP Code	******	-		
2.5	a de trompo de propos por como en esta esta en	t of traffices there is no energy of the production is not to	er kritisa sitreni situeri izu un turub fenza la trensfituer ci un stire glifeda su kris fituera cu.	rades d'estrà de mesperal, mass parting padem propriete mespetits des la trape par es espany richter, espetitu	on entrementation of the contract of the specific and the entremental specification of the specific of the contract of the specific of the spe	and control of the first specific and the first specific and the first specific and the first specific and the	
	Name				-		
	Number	Street			-		
	City		State ZIP Code		-		

Andrea Ann Marie
First Name Middle Nam Gordon Debtor 1 Case number (if known Additional Page if You Have More Contracts or Leases Person or company with whom you have the contract or lease What the contract or lease is for 2.6 Name Number Street City State ZIP Code 2.7 Name Number Street City State ZIP Code 2.8 Name Number Street City State ZIP Code 2.9 Name Number Street City ZIP Code State 2.10 Name Number Street City State ZIP Code 2.11 Name Number Street City State ZIP Code 2.12 Name Number Street City State ZIP Code 2.13 Name Number Street City State ZIP Code

Fill	in this	information (to identify your ca	ase:					
Deb	otor 1	Andrea	Ann l	Marie	Gordon				
Det	otor 2	First Name	Midd	le Name	Last Name				
		g) First Name	Midd	le Name	Last Name				
Unit	ted States	s Bankruptcy C	ourt for theEASTEI	RN District of	NEW YORK				
	e numbe	r	· · · · · · · · · · · · · · · · · · ·		wAterodolo				
[H.K	HOWIT								if this is an ed filing
○ #	امنمة	Earm 1	OCH					amona	oug
		Form 10	Your Co	debto	rs				12/15
ALL TOWNS TO SAW	anningari aliminatari in					D-		te and accurate as possible. If two ma	
are fi and r case	iling tog number numbe Do you l	jether, both a the entries i r (if known).	are equally respon	nsible for su le left. Attacl estion.	ipplying correct h the Additional	information. If Page to this p	more spac age. On the	e is needed, copy the Additional Page top of any Additional Pages, write you	, fill it out,
	☑ No								
2.		-	ars, have you lived daho, Louisiana, N		*			nity property states and territories include	
		Go to line 3.	iano, Eduloiana, m	orada, now,	HOXIOO, I GOILO IXI	00, 10x40, 11 4	simigrom, ai	a Wilderich,	
		•	ouse, former spous	e, or legal ec	quivalent live with	you at the time	?		
	4)	Yes. In which	community state of	r territory did	I you live?		Fill in the	name and current address of that person	
		Name of your spo	ouse, former spouse, or l	egal equivalent			-		
	•	Number S	Street			***************************************	-		
	;	City		State	······	ZIP Code	-		
	shown i S <i>chedui</i>	n line 2 agai le D (Official	n as a codebtor o	nly if that pe edule E/F (C	erson is a guaraı Official Form 106l	ntor or cosign	er. Make sı	oouse is filing with you. List the persor are you have listed the creditor on tial Form 106G). Use <i>Schedule D</i> ,	1
	Column	1: Your cod	lebtor				Co	umn 2: The creditor to whom you owe	the debt
· 							Ch	eck all schedules that apply:	
3.1			V 124 2110		4.00.000.000.000.000.000.000.000.000.00	WW.		Schedule D, line	
	Name							Schedule E/F, line	
	Number	Street						Schedule G, line	
3.2	City			State		ZIP Code			
L	Name	**************************************		· · · · · · · · · · · · · · · · · · ·	**************************************			Schedule D, line	
	Number	Street						Schedule E/F, line	
		Outel						Schedule G, line	
32	City			State		ZIP Code			
3.3	Name							Schedule D, line	
								Schedule E/F, line	
	Number	Street						Schedule G, line	
	City			State		ZIP Code			

Official Form 106H Schedule H: Your Codebtors page 1 of ____

Case 8-19-74145-reg Doc 1 Filed 06/07/19 Entered 06/07/19 10:39:38 Andrea Ann Marie Gordon Debtor 1 Case number (if known) First Name Middle Name Additional Page to List More Codebtors Column 1: Your codebtor Column 2: The creditor to whom you owe the debt Check all schedules that apply: 3.__ ☐ Schedule D, line _____ Name ☐ Schedule E/F, line _____ ☐ Schedule G, line _____ Number City State ZIP Code ☐ Schedule D, line _____ Name ☐ Schedule E/F, line ____ ☐ Schedule G, line ____ Street Number City State ZIP Code ☐ Schedule D, line _____ Name ☐ Schedule E/F, line ____ ☐ Schedule G, line _____ Number Street City State ZIP Code ☐ Schedule D, line _____ Name ☐ Schedule E/F, line _____ ☐ Schedule G, line ____ Number Street City ZIP Code State ☐ Schedule D, line _____ Name ☐ Schedule E/F, line ___ ☐ Schedule G, line _____ Number Street City State ZIP Code ☐ Schedule D, line _____ Name ☐ Schedule E/F, line ____ ☐ Schedule G, line ____ Number Street City State ZIP Code

Schedule D, line ____ Name ☐ Schedule E/F, line _____ ☐ Schedule G, line ____ Number Street City State ZIP Code 3.__ ☐ Schedule D, line _____ Name ☐ Schedule E/F, line ___ ☐ Schedule G, line ____ Number Street City State ZIP Code

Fill in this information to identify	your case:					
Debtor 1 Andrea	Ann Marie	Gordon				
First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:	EASTERN District of NI	EW YORK				
			Check if th	is is:		
(If known)			🔲 An ame	ended filing		
				lement showing postpetition chapter 13 as of the following date:		
Official Form 106I			MM / DE	D/ YYYY		
Schedule I: You	ır Income			12/15		
supplying correct information. If yo	ou are married and not it se is not filing with you top of any additional p	filing jointly, and your spous , do not include information	se is living with yo າ about your spou	r 2), both are equally responsible for ou, include information about your spouse. ise. If more space is needed, attach a nown). Answer every question.		
Fill in your employment information.		Debtor 1		Debtor 2 or non-filing spouse		
If you have more than one job,		ента выполняють и сентой от в под эме и полите и полительной эме под эмереной и под общество по учений выполняющего учений выполняющего выстранительного выполняющего выполняющего выполняющего выполняющ	HARMENDONISSIONESSONESSONA TOSIONA AMBONIA PERSONAS ENERGIA PROCESSONAS EN ARBORINAS EN ARBORINAS EN ARBORINAS	ыдарында кампан оронунда электория байгарын бүртөө жана кампан об ^а ктория кампан оронун арагын арагын оронун арагын араг		
attach a separate page with information about additional employers.	Employment status	EmployedNot employed		EmployedNot employed		
Include part-time, seasonal, or						
self-employed work. Occupation may include student or homemaker, if it applies.	Occupation	Claims supervisor				
	Employer's name	Right Risk Managemen	<u>ıt</u>			
		333 Earle Ovington Blv	d, Uniondale,			
	Employer's address	NY 11553 Number Street		Number Street		
		Number Officer		Number Officer		
		City State	ZIP Code	City State ZIP Code		
	How long employed th	ere? 25 years				
Part 2: Give Details About	Monthly Income					
Estimate monthly income as of t spouse unless you are separated.	the date you file this for	rm. If you have nothing to repo	ort for any line, writ	e \$0 in the space. Include your non-filing		
If you or your non-filing spouse have below. If you need more space, att			or all employers for	that person on the lines		
		g/katalanean	For Debtor 1	For Debtor 2 or non-filing spouse		
	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$5855 \$					
3. Estimate and list monthly overt	ime pay.	3. +\$	3.0	+ \$		
4. Calculate gross income. Add lin	e 2 + line 3.	4. \$	5 5855	\$		

Official Form 106l Schedule I: Your Income page 1

Debtor 1	Andrea Ann Marie Gordon First Name Middle Name Last Name		Case number (f known))		
			For Debtor 1	onsume	For Debtor 2 or non-filing spouse	ill die	
Сор	y line 4 here	≯ 4.	\$ <u>5855</u>	_	\$		
5. List	all payroll deductions:						
5a.	Tax, Medicare, and Social Security deductions	5a.	\$1202		\$	_	
5b.	Mandatory contributions for retirement plans	5b.	\$ <u>0</u>	_	\$	_	
5c.	Voluntary contributions for retirement plans	5c.	\$ <u>468</u>	_	\$	_	
5d.	Required repayments of retirement fund loans	5d.	\$ <u>0</u>	_	\$		
5e.	Insurance	5e.	\$ <u>401</u>		\$	-	
5f.	Domestic support obligations	5f.	\$ <u>0</u>	_	\$	_	
-	Union dues	5g.	\$ <u>0</u>		\$	-	
5h.	Other deductions. Specify:	5h.	+\$0	_	+ \$	-	
6. Ad	d the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$_2071		\$	_	
7. Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ <u>3784</u>	_	\$	-	
8. List	all other income regularly received:						
8a.	Net income from rental property and from operating a business, profession, or farm						
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$ <u>2900</u>	_	\$	_	
	Interest and dividends	8b.	\$ <u>0</u>		\$		
8c.	Family support payments that you, a non-filing spouse, or a depende	nt	¥ <u></u>	_		-	
	regularly receive Include alimony, spousal support, child support, maintenance, divorce						
	settlement, and property settlement.	8c.	\$ <u>0</u>	-	\$	-	
8d.	Unemployment compensation	8d.	\$ <u>0</u>	_	\$	-	
8e.	Social Security	8e.	\$ <u>0</u>	_	\$	-	
	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistanthat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	ce	0				
	Specify:	8f.	\$_0	-	\$	-	
8g.	Pension or retirement income	8g.	\$ <u>0</u>	_	\$		
8h.	Other monthly income. Specify: Live in Common law Husband	8h.	+\$_2500	_	+\$		
9. Add	all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$ <u>5400</u>		\$		
	ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ <u>9184</u>	+	\$	_	\$9184
Inclu	e all other regular contributions to the expenses that you list in <i>Sched</i> de contributions from an unmarried partner, members of your household, you so relatives.			omm	ates, and other		
Do n	ot include any amounts already included in lines 2-10 or amounts that are r			enses			. 0
•	ify:					. +	\$ 0
	the amount in the last column of line 10 to the amount in line 11. The set that amount on the Summary of Your Assets and Liabilities and Certain Se				•	<u>!</u> .	\$ <u>9184</u>
	ou expect an increase or decrease within the year after you file this fo	orm?					Combined monthly income
ZI I							-,
	Yes. Explain:						

Official Form 106I

Debtor 1

Andrea Ann Marie
First Name Middle Name

Gordon

Last Name

Case number (if known)_

			Your expenses
5	Additional mortgage payments for your residence, such as home equity loans	5.	\$ <u>452</u>
		0.	
6.	Utilities:		_{\$} 338
	6a. Electricity, heat, natural gas	6a.	\$ 30
	6b. Water, sewer, garbage collection6c. Telephone, cell phone, Internet, satellite, and cable services	6b.	\$ 187
		6c.	\$ <u>0</u>
	6d. Other. Specify:	6d.	
7.	Food and housekeeping supplies	7.	\$ 400 0
8.	Childcare and children's education costs	8.	\$
9.	Clothing, laundry, and dry cleaning	9.	\$ 50
10.	Personal care products and services	10.	\$_50
11.	Medical and dental expenses	11,	\$_23
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$ <u>150</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$_50
14.	Charitable contributions and religious donations	14.	\$ 0
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$ <u>0</u>
	15b. Health insurance	15b.	\$ <u>0</u>
	15c. Vehicle insurance	15c.	\$ 253
	15d. Other insurance. Specify:	15d.	\$ <u>0</u>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$ <u> </u>
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$_445
	17b. Car payments for Vehicle 2	17b.	\$ <u>0</u>
	17c. Other. Specify:	17c.	\$_0
	17d. Other. Specify:	17d.	\$ <u>0</u>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$ 0
19.	Other payments you make to support others who do not live with you.		7
	Specify:	19.	\$ <u>0</u>
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	e.	
	20a. Mortgages on other property	20a.	\$_3295
	20b. Real estate taxes	20b.	\$_0
	20c. Property, homeowner's, or renter's insurance	20c.	\$_0
	20d. Maintenance, repair, and upkeep expenses	20d.	\$_0
	20e. Homeowner's association or condominium dues	20e.	\$ <u>0</u>

Debt	tor 1	Andrea A	Ann Marie Middle Name	Gordon Last Name		Case number (if known)		
21.	Other. S	Specify:				21.	+\$_	0
22.	Calculat	e your mon	thly expenses.				7	домунун даруун өдөгтүүн көстүү күч ташуулган кон тойончы изранун жашанган айман тойончыг оргодогуу байган байг Э
2	22a. Add	I lines 4 thro	ugh 21.			22a.	\$_	8938
.2	22b. Cop	y line 22 (m	onthly expenses	for Debtor 2), if any, fron	n Official Form 106J-2	22b.	\$_	
2	22c. Add	l line 22a and	d 22b. The result	is your monthly expense	9 S.	22c.	\$_	
							Andre	aussell middissen dehelderen achel midd sehr de bellem schrifte litt sem (m. 1. fermas).
23. C	alculate	your montl	hly net income.					0104
23	Ba. Cop	oy line 12 (<i>y</i> d	our combined mo	nthly income) from Sche	dule I.	23a.	\$	9184
23	Bb. Cop	oy your mon	thly expenses from	n line 22c above.		23b.	-\$_	8938
23		•	onthly expenses or monthly net inc	from your monthly incon	ne.	23c .	\$.	246

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

Fill in this information to identify your case:			
Debtor 1 Andrea (9-5 58) Middle Name	Last Name	_	
Debtor 2			
United States Bankruptcy Court for the: [Spouse, if filing] First Name United States Bankruptcy Court for the: [Spouse, if filing] First Name [Middle Name District	t of Nume		
Case number			
(If known)			☐ Check if this is an
			amended filing
Official Form 106Dec			
	ladividual D	ahtaria Cabadulaa	
Declaration About an	individual D	eptor's Schedules	12/15
If two married people are filing together, both are e	equally responsible for sur	pplying correct information.	
Sign Below			
Did you pay or agree to pay someone who is NO	OT an attorney to help you	fill out bankruptcy forms?	
No Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Decl	aration and
•		Signature (Official Form 119).	
Under penalty of perjury, I declare that I have re that they are true and correct.	ead the summary and sche	dules filed with this declaration and	
* Aladea	×		
Signature of Debtor 1	Signature of Debtor	2	
Date 6/7/19	Date	ÝYY –	

Fill in this	s information to ide	entify your case:				
Debtor 1	Andrea First Name	Ann Marie	Gordon			
Debtor 2		Middle Name	Last Name			
	ling) First Name	Middle Name	Last Name NEW VODK			
		r the: <u>EASTERN</u> Distric	t of IVEW TORK			
Case numb (If known)	<u> </u>					Check if this is ar amended filing
Official	Form 107					
State	ment of Fi	nancial Affai	rs for Indiv	viduals Filing	for Bankruptc	y 04/1
information	n. If more space is known). Answer ev	needed, attach a separ	ate sheet to this for	rm. On the top of any add	ally responsible for supply ditional pages, write your n	ing correct ame and case
1. What is	s your current mari					
☐ Ma						
☑ No ☐ Yes		ve you lived anywhere s you lived in the last 3 y				Dates Debtor 2 lived there
				☐ Same as Debtor 1		☐ Same as Debtor 1
N	umber Street		From	Number Street		From
_			То			То
			-			
C	ity	State ZIP Code	-	City	State ZIP Code	
				☐ Same as Debtor 1		☐ Same as Debtor 1
N	umber Street		From	Number Street		From
			To	Number Street		То
Ci	ty	State ZIP Code		City	State ZIP Code	
states ar	na territories include	you ever live with a sp Arizona, California, Idah ut Schedule H: Your Cod	io, Louisiana, Nevad	a, New Mexico, Puerto Rio	operty state or territory? (Co., Texas, Washington, and	Community property Wisconsin.)
1970 Sept. 38						
Part 2: E	xplain the Sourc	es of Your Income				

Debtor 1		Gordon st Name	Case no	umber (if known)	
Fill If y	d you have any income from employmed in the total amount of income you receive you are filing a joint case and you have income. No Yes. Fill in the details.	ed from all jobs and all bus	inesses, including part-ti	ime activities.	endar years?
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	✓ Wages, commissions, bonuses, tips✓ Operating a business	\$_29277	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$_0
	For last calendar year: (January 1 to December 31, Yr 2018 YYYY	Wages, commissions, bonuses, tips Operating a business	\$	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$0
	For the calendar year before that: (January 1 to December 31, Yr 2017	Wages, commissions, bonuses, tips Operating a business	\$62550	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$_0
une gan List	lude income regardless of whether that in employment, and other public benefit payr inbling and lottery winnings. If you are filin each source and the gross income from No Yes. Fill in the details.	ments; pensions; rental inco g a joint case and you have	ome; interest; dividends; e income that you receiv	money collected from laws ed together, list it only once	suits; royalties; and
	ies. Fili III the details.	Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:		\$_0		\$ <u>0</u>
	the date you med for pankruptcy.		\$ \$		\$ \$
	For last calendar year: (January 1 to December 31,)		\$ <u>0</u> \$\$		\$ 0 \$\$
	For the calendar year before that:		\$_0		\$_0
	(January 1 to December 31, YYYY)		\$		\$

Debtor 1

Entered 06/07/19 10:39:38 Case 8-19-74145-reg Doc 1 Filed 06/07/19

Andrea Ann Marie

Debtor 1

Gordon Case number (if known) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payment ☐ Mortgage Creditor's Name Car ☐ Credit card Number Street ☐ Loan repayment ☐ Suppliers or vendors Other _ City State ZIP Code ☐ Mortgage Creditor's Name ☐ Car Credit card Number Street Loan repayment ☐ Suppliers or vendors Other City State ZIP Code ☐ Mortgage Creditor's Name ☐ Car Credit card Number Street Loan repayment Suppliers or vendors Other City State ZIP Code

Andrea Ann Marie

Debtor 1

8.

Gordon

btor 1	Andrea Ann Marie First Name Middle Name	Gordon Last Name		-	Case number (if known)	
Inside corpor agent,	as child support and alimony.	eneral partners; re cer, director, pers	elatives of any on in control, o	general partners; _l r owner of 20% or	partnerships of whice more of their voting	ch you are a general partner;
T Ye	es. List all payments to an insid	er.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Īr	nsider's Name	199010 - 1991 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		\$	\$	
<u>N</u>	lumber Street					
- -	Stat Stat	e ZIP Code				
Īr	nsider's Name			\$. \$	
•						
N	umber Street					
_	iumber Street	e ZIP Code				
− C Within an ins	ity Stat 1 year before you filed for ba ider? e payments on debts guarantee	ınkruptcy, did yo		ayments or trans	fer any property ol	n account of a debt that benefited
Within an instanctude	ity Stat 1 year before you filed for ba ider? e payments on debts guarantee	nkruptcy, did yo		ayments or trans Total amount paid		n account of a debt that benefited Reason for this payment Include creditor's name
Within an insignation includes	Ity Stat 1 year before you filed for ba ider? e payments on debts guarantee	nkruptcy, did yo	an insider. Dates of	Total amount	Amount you still	Reason for this payment
Within an instinctude	ity Stat 1 year before you filed for ba ider? Expayments on debts guarantee s. List all payments that benefit	nkruptcy, did yo	an insider. Dates of	Total amount paid	Amount you still owe	Reason for this payment
Within an instance Include W No Yes	Ity State 1 year before you filed for back ider? The payments on debts guarantee s. List all payments that benefit sider's Name	enkruptcy, did yo	an insider. Dates of	Total amount paid	Amount you still owe	Reason for this payment
Within an inside Included No I	Ity State 1 year before you filed for back ider? The payments on debts guarantee s. List all payments that benefit sider's Name	enkruptcy, did yo	an insider. Dates of	Total amount paid	Amount you still owe	* *

City

State

ZIP Code

Debtor 1	Andrea Ann Marie First Name Middle Name	Gordon Last Name		Case number (if kno	wn)	
Part 4	Identify Legal Actions,	Repossession	s, and Foreclosure	s		
9. With List a	in 1 year before you filed for b all such matters, including person contract disputes.	ankruptcy, were	you a party in any la	wsuit, court action, or adn		
4	No					
U Y	es. Fill in the details.					
		Nature	of the case	Court or agency		Status of the case
	Case title			Court Name		Pending
				Court Name		On appeal
				Number Street		Concluded
	Case number			City St	ate ZIP Code	Manufacture description
				City St	ale ZIF Code	
	Case title			Court Name		—— Pending
				Court Haire		On appeal
•	10 (M. M. M			Number Street		Concluded
	Case number	***************************************		City Sta	ate ZIP Code	-
				J., J.	2 0000	
Annua servina	o. Go to line 11. es. Fill in the information below.		Describe the property	,	Date	Value of the property
	Creditor's Name					\$
	Number Street		Explain what happene	- d		
	Number direct		Property was re			
	*****		Property was fo	•		
			Property was ga			
	City State	ZIP Code		tached, seized, or levied.		
			Describe the property		Date	Value of the property
					 ,	\$
	Creditor's Name					
	Number Street		Explain what happene	d		
			☐ Property was re	possessed.		
			☐ Property was for			
	City State	ZIP Code	Property was ga			
			Property was att	ached spized or levied		

	First Name Middle Name L.	ast Name	Case number (##	nown)	
	90 days before you filed for bank		ding a bank or financial ins	stitution, set off any am	ounts from yo
	nts or refuse to make a payment b	ecause you owed a debt?			
No					
Yes	s. Fill in the details.				
		Describe the action the cre	ditor took	Date action was taken	Amount
Cred	ditor's Name	_			
Num	ber Street				\$
					
City	State ZIP Code	Last 4 digits of account nu	mber: XXXX	MANAGEMENT AND ADMINISTRATION OF THE PARTY O	
	1 year before you filed for bankruors, a court-appointed receiver, a c			ssignee for the benefit	OF
la state and					
5:	List Certain Gifts and Contrib	outions			
-					
Gif	s. Fill in the details for each gift. fts with a total value of more than \$600 r person	Describe the gifts		Dates you gave the gifts	Value
Gif per	fts with a total value of more than \$600 r person	Describe the gifts			Value \$
Gif per	fts with a total value of more than \$600	Describe the gifts			Value \$ \$
Gif per	fts with a total value of more than \$600 r person	Describe the gifts			Value \$\$
Giff per	fts with a total value of more than \$600 r person	Describe the gifts			Value \$ \$
Giff per	its with a total value of more than \$600 r person on to Whom You Gave the Gift	Describe the gifts			Value \$ \$
Person Numb	ifts with a total value of more than \$600 r person on to Whom You Gave the Gift oer Street	Describe the gifts			Value \$ \$
Person Number City	r person on to Whom You Gave the Gift Der Street State ZIP Code	Describe the gifts Describe the gifts			Value \$ \$ Value
Person Numb	Its with a total value of more than \$600 or person on to Whom You Gave the Gift Deer Street State ZIP Code on's relationship to you s with a total value of more than \$600	- - -		the gifts	\$ \$
Person Numb City Person Gifts per p	on to Whom You Gave the Gift State ZIP Code on's relationship to you s with a total value of more than \$600 person	- - -		the gifts	\$ \$
Person Numb City Person Gifts per p	on to Whom You Gave the Gift State ZIP Code on's relationship to you s with a total value of more than \$600 person	- - -		the gifts	\$ \$
Person Number City Person Giftsper p	on to Whom You Gave the Gift State ZIP Code on's relationship to you with a total value of more than \$600 person on to Whom You Gave the Gift	- - -		the gifts	\$ \$
Person Person	on to Whom You Gave the Gift State ZIP Code on's relationship to you swith a total value of more than \$600 person on to Whom You Gave the Gift	- - -		the gifts	\$ \$

	Andrea Ann Marie First Name Middle Name	Gordon Case number (if km	own)	
Wif	thin 2 years before you filed for ban	kruptcy, did you give any gifts or contributions with a total	value of more than \$6	600 to any charity?
V	No			
	Yes. Fill in the details for each gift or	contribution.		
	Gifts or contributions to charities	Describe what you contributed	Date you	Value
	that total more than \$600	Describe what you contributed	contributed	value
				¢
	Charity's Name		<u></u>	Ψ
				\$
				V
	Name of the Control o			
	Number Street			
	City State ZIP Code	·		
t (Elist Certain Losses			
	List Gertain Losses			
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurar	Date of your loss	Value of property lost
	non me todo dodanea			
	non the 1990 securiou	claims on line 33 of Schedule A/B: Property.		
	non the loss assumed	claims on line 33 of Schedule A/B: Property.		\$
	non die lood oodaned	claims on line 33 of Schedule A/B: Property.		\$
	non the loss assumed	claims on line 33 of Schedule A/B: Property.		\$
t 7	·			\$
	List Certain Payments or T	ransfers	transfor any property	
V it	List Certain Payments or Thin 1 year before you filed for bank	ransfers ruptcy, did you or anyone else acting on your behalf pay or	transfer any property	
Vit	List Certain Payments or Thin 1 year before you filed for bankly consulted about seeking bankrupt	ransfers		
Vit ou ncl	List Certain Payments or Thin 1 year before you filed for bankly consulted about seeking bankrupt	ransfers ruptcy, did you or anyone else acting on your behalf pay or tcy or preparing a bankruptcy petition?		
rou ncl	List Certain Payments or To thin 1 year before you filed for bank u consulted about seeking bankrupt ude any attorneys, bankruptcy petition	ransfers ruptcy, did you or anyone else acting on your behalf pay or tcy or preparing a bankruptcy petition?		
Vit rou ncl	List Certain Payments or To hin 1 year before you filed for bank a consulted about seeking bankrupt dude any attorneys, bankruptcy petition No	ransfers ruptcy, did you or anyone else acting on your behalf pay or tcy or preparing a bankruptcy petition?	n your bankruptcy. Date payment or	to anyone
Vit ou ncl	List Certain Payments or To hin 1 year before you filed for bank a consulted about seeking bankrupt dude any attorneys, bankruptcy petition No	ransfers ruptcy, did you or anyone else acting on your behalf pay or tcy or preparing a bankruptcy petition? n preparers, or credit counseling agencies for services required	n your bankruptcy.	to anyone
Vit ou ncl	List Certain Payments or To thin 1 year before you filed for bank a consulted about seeking bankrupt ade any attorneys, bankruptcy petition No Yes. Fill in the details.	ransfers ruptcy, did you or anyone else acting on your behalf pay or tcy or preparing a bankruptcy petition? n preparers, or credit counseling agencies for services required	n your bankruptcy. Date payment or transfer was	to anyone
Vit ou ncl	List Certain Payments or To thin 1 year before you filed for bank a consulted about seeking bankrupt ade any attorneys, bankruptcy petition No Yes. Fill in the details.	ransfers ruptcy, did you or anyone else acting on your behalf pay or tcy or preparing a bankruptcy petition? n preparers, or credit counseling agencies for services required	n your bankruptcy. Date payment or transfer was	to anyone
Vit ∕ou ncl	List Certain Payments or To thin 1 year before you filed for bank a consulted about seeking bankrupt ade any attorneys, bankruptcy petition No Yes. Fill in the details.	ransfers ruptcy, did you or anyone else acting on your behalf pay or tcy or preparing a bankruptcy petition? n preparers, or credit counseling agencies for services required	n your bankruptcy. Date payment or transfer was	Amount of payments
Vit ou ncl	List Certain Payments or To thin 1 year before you filed for bank a consulted about seeking bankrupt ade any attorneys, bankruptcy petition No Yes. Fill in the details.	ransfers ruptcy, did you or anyone else acting on your behalf pay or tcy or preparing a bankruptcy petition? n preparers, or credit counseling agencies for services required	n your bankruptcy. Date payment or transfer was	to anyone
Vit ou ncl	List Certain Payments or To thin 1 year before you filed for bank a consulted about seeking bankrupt ade any attorneys, bankruptcy petition No Yes. Fill in the details.	ransfers ruptcy, did you or anyone else acting on your behalf pay or tcy or preparing a bankruptcy petition? n preparers, or credit counseling agencies for services required Description and value of any property transferred	n your bankruptcy. Date payment or transfer was	Amount of payments
Vit ou ncl	List Certain Payments or To thin 1 year before you filed for bank a consulted about seeking bankrupt ude any attorneys, bankruptcy petition No Yes. Fill in the details. Person Who Was Paid Number Street	ransfers ruptcy, did you or anyone else acting on your behalf pay or tcy or preparing a bankruptcy petition? n preparers, or credit counseling agencies for services required Description and value of any property transferred	n your bankruptcy. Date payment or transfer was	Amount of payment
Vit ou ncl	List Certain Payments or To thin 1 year before you filed for bank a consulted about seeking bankrupt ude any attorneys, bankruptcy petition No Yes. Fill in the details. Person Who Was Paid Number Street	ransfers ruptcy, did you or anyone else acting on your behalf pay or tcy or preparing a bankruptcy petition? n preparers, or credit counseling agencies for services required Description and value of any property transferred	n your bankruptcy. Date payment or transfer was	Amount of payment

otor 1	Andrea Ann Marie First Name Middle Name i	Gordon	Case number (if known)		
	an di antaran magana dalam saran menungan sebam, seran dangkan di dibendidi antaran menungkan dangkan dangkan	Description and value of any propert	y transferred	Date payment or transfer was made	Amount of payment
	Person Who Was Paid				\$
	Number Street				
		_			\$
	City State ZIP Code	_			
	Email or website address	man and a second a			
	Person Who Made the Payment, if Not You				
⊿ N	ot include any payment or transfer tha lo es. Fill in the details.				
		Description and value of any property	r transferred	Date payment or transfer was made	Amount of paymen
	Person Who Was Paid	_			
	Number Street				\$
,		_			\$
	City State ZIP Code	_			
trans Includ Do no	ferred in the ordinary course of you de both outright transfers and transfers ot include gifts and transfers that you h	s made as security (such as the granting			
		Description and value of property transferred	Describe any property o or debts paid in exchange	r payments received ge	Date transfer was made
Ē	Person Who Received Transfer	-			
<u> </u>	Number Street				
ō	City State ZIP Code				
F	Person's relationship to you	· -			
F	Person Who Received Transfer				
Ñ	lumber Street				

_	ity State ZIP Code	•			

ebtor 1	Andrea Ann M First Name Midd	arie Go	ordon ame	Case number (if know	wn)	.,1145104
are a	beneficiary? (Thes	e are often called <i>as</i>	otcy, did you transfer any proposet-protection devices.)	erty to a self-settled trus	t or similar device of v	vhich you
			Description and value of the pro	perty transferred		Date transfer was made
N	lame of trust					
			, instruments, Safe Depos	<u> </u>		
close inclu broke	ed, sold, moved, or t de checking, saving erage houses, pens	transferred? gs, money market, c ion funds, coopera	y, were any financial accounts or other financial accounts; ce tives, associations, and other f	rtificates of deposit; sha		
,			Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Ī	Name of Financial Instituti	on	xxxx	Checking		\$
-	Number Street	State ZIP Code		☐ Savings ☐ Money market ☐ Brokerage ☐ Other		
4	Name of Financial Instituti	on	xxxx	☐ Checking☐ Savings		\$
-	Number Street			■ Money market■ Brokerage■ Other		
Do yo secur	ou now have, or did rities, cash, or other o	valuables?	ear before you filed for bankru		ox or other depository	for
ud, Y€	es. Fill in the details		Who else had access to it?	Describe the	contents	Do you still have it?
N	lame of Financial Institution	on	Name			☐ Yes
Ñ	lumber Street		Number Street			
_		State ZIP Code	Number Street City State ZIP Code			

	Andrea Ann Marie First Name Middle Name	Gordon Last Name	Case number (if known)	
22. Have y		unit or place other than your home	within 1 year before you filed for bankruptc	y?
Ye	es. Fill in the details.	Who else has or had access to	it? Describe the contents	Do you stil have it?
	Name of Storage Facility	Name		☐ No ☐ Yes
Ī	Number Street	Number Street		
- :	City State ZIP Co	City State ZIP Code		
Part 9:		old or Control for Someone Els	se	
•	old in trust for someone.	nat someone else owns? Include ar	ny property you borrowed from, are storing f	or,
Y	es. Fill in the details.	Where is the property?	Describe the property	Value
7	Owner's Name			\$
Ĩ	Number Street	Number Street		
	City State ZIP Coo	City State	ZIP Code	
Part 10	Give Details About Envi	ronmental information		
Envir hazar	dous or toxic substances, waste	state, or local statute or regulation	n concerning pollution, contamination, relea , surface water, groundwater, or other medi nces, wastes, or material.	
Environ hazar includ	conmental law means any federal, rdous or toxic substances, waste ding statutes or regulations cont	state, or local statute or regulations, or material into the air, land, soil rolling the cleanup of these substances as defined under any environ	, surface water, groundwater, or other medi	um,
Environment Enviro	conmental law means any federal, redous or toxic substances, waste ding statutes or regulations cont neans any location, facility, or presit or used to own, operate, or uterdous material means anything a	state, or local statute or regulations, or material into the air, land, soil rolling the cleanup of these substance operty as defined under any environalize it, including disposal sites.	, surface water, groundwater, or other medi nces, wastes, or material.	um, , or
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Envir hazar includes Site in utilized substance with the same substance with t	ronmental law means any federal, redous or toxic substances, waster ding statutes or regulations contineans any location, facility, or present or used to own, operate, or utility material means anything a tance, hazardous material, pollutional in notices, releases, and proceeding governmental unit notified yours. Fill in the details.	state, or local statute or regulation is, or material into the air, land, soil rolling the cleanup of these substance operty as defined under any environization it, including disposal sites. In environmental law defines as a hand, contaminant, or similar term. Ings that you know about, regardless that you may be liable or potential that you may be liable or potential.	, surface water, groundwater, or other medinces, wastes, or material. nmental law, whether you now own, operate azardous waste, hazardous substance, toxic ss of when they occurred. Ily liable under or in violation of an environn	um, , or : nental law?

r 1	Andrea Ann Marie	Gordon	Case number (if known)	
	First Name Middle Name	Last Name		
Have	you notified any governmental (unit of any release of hazardous m	aterial?	
Ø N	0			
☐ Ye	es. Fill in the details.			
		Governmental unit	Environmental law, if you know it	Date of notice
ī	Name of site	Governmental unit		
-				
P	Number Street	Number Street		
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lava.	vou boon a north in any indicial.	or administrative proceeding unde	an anu anvinammantal laur? Include acttlemen	to and andara
		or administrative proceeding unde	er any environmental law? Include settlemen	is and orders.
ZI No	o es. Fill in the details.			
<u></u>	s. Fill III the details.	•	N. 4	Status of the
		Court or agency	Nature of the case	case
Ca	se title			Pending
		Court Name		On appe
_		Number Street		Conclude
		Number Street		Conclude
Ca	se number	City State ZI	ID Code	
		Only State 21	ir Code	
t 11:	Chro Detallo About Your	r Business or Connections to ,	Aur. Declare	
	A member of a limited liability A partner in a partnership An officer, director, or managin An owner of at least 5% of the None of the above applies. Go	company (LLC) or limited liability on the company (LLC) or limited liability on the control of a column or equity securities of a co	rporation business. siness Employer Identification	
B	usiness Name		Do not include Social S	ecurity number or ITIN.
<u></u>	umber Street		EIN:	
N	umber Street	Name of accountant or bookke	eeper Dates business existed	l
	*******		From To	
C	ity State ZIP Cod	de	110111 10	**************************************
		Describe the nature of the bus	siness Employer Identification	number
B	usiness Name		Do not include Social S	ecurity number or ITIN.
			EIN: -	
N	umber Street			
		Name of accountant or bookke	eeper Dates business existed	
-			From To	

First Name	Middle Name Last	Name Case number (if known)					
Declaration Management		Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN				
Business Name			EIN:				
Number Street		Name of accountant or bookkeeper	Dates business existed				
City	State ZIP Code		From To				
hin 2 years before titutions, creditor	e you filed for bankrup s, or other parties.	otcy, did you give a financial statement t	to anyone about your business? Include all financial				
Yes. Fill in the de	etails below.	Date issued					
		Date issued					
Name		MM / DD / YYYY					
Number Street							
City	Chata 7ID Coul-						
City	State ZIP Code						
Sign Below	¥						
swers are true an connection with a	d correct. I understand	t of Financial Affairs and any attachmen d that making a false statement, concea result in fines up to \$250,000, or impris	ts, and I declare under penalty of perjury that the ling property, or obtaining money or property by fraud onment for up to 20 years, or both.				
6/7	lia	Signature of Design 2					
Date //	ional pages to Your St	Date	uals Filing for Bankruptcy (Official Form 107)?				
No Yes	is a paged to rour St	acement of Financial Arians for Malvial	ans rining for Bankruptcy (Official Form 107)?				
you pay or agree	to pay someone who	is not an attorney to help you fill out ba	nkruptcy forms?				
you pay or agree No Yes. Name of pers		is not an attorney to help you fill out ba					

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

www.nyeb.uscourts.gov

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

DE	CBTOR(S): Andrea Gordon CASE NO.:
Rel	Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (or any other petitioner) hereby makes the following disclosure concerning ated Cases, to the petitioner's best knowledge, information and belief:
any are	OTE: Cases shall be deemed "Related Cases" for purposes E.D.N.Y LBR 1073-1 and E.D.N.Y LBR 1073-2 if the earlier case was pending at a time within eight years before the filing of the new petition, and the debtors in such cases (i) are the same; (ii) are spouses or ex-spouses; (iii) affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one more of its general thers; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).]
	NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME.
	THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING:
1.	CASE NO.: 8-18-75533 JUDGE: Grossing DISTRICT/DIVISION: Eastern CASE PENDING: (YES/NO): D [If closed] Date of Closing: 6 14 19 CURRENT STATUS OF RELATED CASE: DISCHARGE, confirmed, dismissed, etc.
	MANNER IN WHICH CASES ARE RELATED: (Refer to NOTE above):
•	SCHEDULE A/B: PROPERTY "OFFICIAL FORM 106A/B - INDIVIDUAL" PART 1 (REAL PROPERTY): REAL PROPERTY AS LISTED IN DEBTOR'S SCHEDULE "A/B – PART 1" WHICH WAS ALSO LISTED IN SCHEDULE "A/B" OF RELATED CASES:
•	SCHEDULE A/B: ASSETS – REAL PROPERTY "OFFICIAL FORM 206A/B - NON-INDIVIDUAL" PART 9 (REAL PROPERTY): REAL PROPERTY AS LISTED IN DEBTOR'S SCHEDULE "A/B – PART 9" WHICH WAS ALSO LISTED IN SCHEDULE "A/B" OF RELATED CASES:
2.	CASE NO.: JUDGE: DISTRICT/DIVISION:
	CASE PENDING: (YES/NO): [If closed] Date of Closing:
	CURRENT STATUS OF RELATED CASE: (Discharged/awaiting discharge, confirmed, dismissed, etc.
	MANNER IN WHICH CASES ARE RELATED: (Refer to NOTE above):
•	SCHEDULE A/B: PROPERTY "OFFICIAL FORM 106A/B - INDIVIDUAL" PART 1 (REAL PROPERTY): REAL PROPERTY AS LISTED IN DEBTOR'S SCHEDULE "A/B - PART 1" WHICH WAS ALSO LISTED IN SCHEDULE "A/B" OF RELATED CASES:
•	SCHEDULE A/B: ASSETS – REAL PROPERTY "OFFICIAL FORM 206A/B - NON-INDIVIDUAL" PART 9 (REAL PROPERTY): REAL PROPERTY AS LISTED IN DEBTOR'S SCHEDULE "A/B – PART 9" WHICH WAS ALSO LISTED IN SCHEDULE "A/B" OF RELATED CASES:

[OVER]

	DISCLOSURE OF RELATED C	CASES (cont'd)	
3.	CASE NO.:	JUDGE:	DISTRICT/DIVISION:
			losing:
	CURRENT STATUS OF RELAT	ГЕD CASE:	discharge, confirmed, dismissed, etc.
		(Discharged/awaiting	discharge, confirmed, dismissed, etc.
	MANNER IN WHICH O	CASES ARE RELATED: (Refer to	NOTE above):
•	SCHEDULE A/B: PROPERTY	'OFFICIAL FORM 106A/B - <u>INC</u>	DIVIDUAL" PART 1 (REAL PROPERTY):
			PART 1" WHICH WAS ALSO LISTED IN SCHEDULE "A/B" OF
•	SCHEDULE A/B: ASSETS – RE	AL PROPERTY "OFFICIAL FC	ORM 206A/B - <u>NON-INDIVIDUAL</u> " PART 9 (REAL
	PROPERTY): REAL PROPERTY	' AS LISTED IN DEBTOR'S SCHI	EDULE "A/B – PART 9" WHICH WAS ALSO LISTED IN
	SCHEDULE "A/B" OF RELATED) CASES:	
	NOTE: Pursuant to 11 U.S.C. § 1 be eligible to be debtors. Such an	09(g), certain individuals who have individual will be required to file	we had prior cases dismissed within the preceding 180 days may not a statement in support of his/her eligibility to file.
	TO BE COMPLETED BY DEBT	TOR/PETITIONER'S ATTORNE	CY, AS APPLICABLE:
	I am admitted to practice in the I	Eastern District of New York (Y/N	ī):
	CERTIFICATION (to be signed	by pro-se debtor/petitioner or deb	otor/petitioner's attorney, as applicable):
	I certify under penalty of perjury indicated elsewhere on this form.		is not related to any case pending or pending at any time, except as
			Words.
	Signature of Debtor's Attorney	44	Signature of Pro-se Debtor/Petitioner
			40 the
			Mailing Address of Debtor/Petitioner Free port NY 1182
			City, State, Zip Code
			Email Address
			Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

NOTE: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

Case 8-19-74145-reg Doc 1 Filed 06/07/19 Entered 06/07/19 10:39:38

TED STATES BANKRUPTCY COURT

In re:	Case No.
	Chapter 13
Andrea (sordon Det	otor(s)
	se (without an attorney), must provide the following information:
An analyticalis filling for bankruptcy pro	se (without an attorney), must provide the following information:
Name of Debtor(s):	a Gordon m Place
Address: 40 to to	m Plate
Phone Number: (516) 608	08 a Gma: 1. com
Thome realmost.	5240 T
CHECK THE APPROPRIATE RESPON	SES:
FILING FEE:	
PAID THE FILING FEE IN FUL	L
APPLIED FOR INSTALLMENT	PAYMENTS OR WAIVER OF THE FILING FEE
PREVIOUS CASES FILED: 1. 8-18-	<i>-75633</i> 23
ASSISTANCE WITH PAPERWORK:	A D A TYON OF THE DAG DETERMINED
	ARATION OF/FILING PETITION AND SCHEDULES
HAD ASSISTANCE WITH PRE	PARATION OF/FILING PETITION AND SCHEDULES
If Debtor had assistance, the following inf	formation must be completed:
Name of individual who assisted:	•
Address:	
Phone Number:	
Amount Paid for Assistance:	\$
I/We hereby declare the information above	e under the penalty of perjury.
Dated: 6/1/19	Aladen
	Debtor's Signatura
	Debtor's Signature
	Debtor's Signature

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

In Re:	x Case No.
	Chapter 13
Andres (591de Debtor(s)	x
VERIFICATION OF CREDITOR	MATRIX/LIST OF CREDITORS
The undersigned debtor(s) or attor creditor matrix/list of creditors submitted herein i knowledge.	rney for the debtor(s) hereby verifies that the is true and correct to the best of his or her
Dated: 6/7/19	Mandon
	Debtor
	Joint Debtor
	s/ Attorney for Debtor

creditors.txt

Credit Acceptance P.O. Box 551888 Detroit, MI 48255-1888

Loancare P.o. Box 8068 Virginia Beach, VA 23450

Wells Fargo Equity Line Po Box 10335 Des Moines, IA 50306

Wells Fargo Home Mortgage P.o. Box 10335 Des Moines, IA 50306

Debtor 1	Andrea	Ann Marie	Gordon
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States	Bankruptcy Court fo	r the: EASTERN District of	NEW YORK
Case number			

Che	ck as directed in lines 17 and 21:
	ording to the calculations required by Statement:
1	. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
Z 2	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
1	3. The commitment period is 3 years.

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1:	Calculate	Your	Average	Monthly	Income
	Quiculate	I Oui	Avelage	MORRING	INICOME

- 1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A

Debtor 1

Column B

Debtor 2 or

ALTERNATION OF STREET						Debtor 1	'	non-filing spouse	
The specific of the second specific and	2.	Your gross wages, salary, tips, bonuses, overtime, and payroll deductions).	d commissio	ns (before a	11	\$	5855	\$	
and descriptions of	3.	Alimony and maintenance payments. Do not include pay	yments from	a spouse.		\$		\$	
de d'en all'han estrantion ambiendo de la maine en proposition de	4.	All amounts from any source which are regularly paid if you or your dependents, including child support. Include an unmarried partner, members of your household, your dependents. Do not include payments from a spouse. Do not listed on line 3.	de regular co ependents, p	ntributions fra arents, and		\$	0	\$	
Market Market Co. Co. Co.	5.	Net income from operating a business, profession, or farm	Debtor 1	Debtor 2					
		Gross receipts (before all deductions)	Ψ	. *					
		Ordinary and necessary operating expenses	- \$ <u>0</u>	- \$					
		Net monthly income from a business, profession, or farm	\$ <u>0</u>	\$	Copy here→	\$	0	\$	
	6.	Net income from rental and other real property	Debtor 1	Debtor 2					
		Gross receipts (before all deductions)	\$3000	\$					
		Ordinary and necessary operating expenses	- \$ <u>100</u>	- \$					
		Net monthly income from rental or other real property	\$ <u>2900</u>	\$	Copy here→	\$	2900	\$	

[Andrea Ann Marie First Name Middle Name	Gordon Last Name		Case	number (irknown)_			
	Address School or remains the province of the second or	TSAO AN ANNA MARAMET SEELEMAN SEELEMAN AN ANNA MARAMET AN ANNA MARAMET AN AN ANNA MARAMET AN AN ANNA MARAMET A	an kan palabah dari dan dan kan san salami, nga managan sa palabah sa san sa	NOORIN PROGRAMMEN SONE SAN SEN MENTEN AND THE CONTRACT SENSE AND	Column Debtor		Column B Debtor 2 or non-filing spouse	t est un steader under Stellenbergen.	Million and the second section of the second section of the second section of the second section of the second
7.	Interest, div	vidends, and royalties			\$	0	\$		
8.	Unemployn	ment compensation			\$	0	\$		
		er the amount if you contend th Security Act. Instead, list it her		•	der				
	For you			\$					
	For your	spouse		\$					
9.		retirement income. Do not ir er the Social Security Act.	nclude any amount	received that was a	\$	0	\$		
10	Do not inclu received as	m all other sources not listed ude any benefits received under a victim of a war crime, a crimerrorism. If necessary, list other	er the Social Secui ne against humanii	rity Act or payments ty, or international or					
	Live in (Common law Husband			2500 \$	2500	\$		
					0 \$		\$		
	Total amo	unts from separate pages, if a	ny.		+ \$		+ s		
					, photography consistent subject to the property of	59401-417-694-418-5-5-44-5000000-5-5-5-5-5-5-5-5-5-5-5-5-	postarios para de consensa de	atir domi	
11.		our total average monthly in en add the total for Column A t			\$	11255 +	\$	-	\$11255
		total average monthly incom				•••••••		\$	11255
13,	presentation .	he marital adjustment. Check	cone:						
	- powersers	not married. Fill in 0 below.							
		married and your spouse is fil married and your spouse is no	• •	0 below.					
	Fill in the	e amount of the income listed your dependents, such as payr your dependents.	in line 11, Column	B, that was NOT regule's tax liability or the sp	larly paid for tl ouse's suppor	he household of someone	expenses of other than		
	Below, s	specify the basis for excluding tional adjustments on a separa		e amount of income de	evoted to each	n purpose. If n	ecessary,		
	If this ad	djustment does not apply, ente	r 0 below.						
					\$				
	·				\$				
					+\$				
	Total				\$		Copy here 🕏		
14.	Your curren	it monthly income. Subtract t	the total in line 13	from line 12.				\$	11255
		our current monthly income	-	•					
	15a. Copy lin	ne 14 here 🦈	***************************************		***************************************		***************************************	\$	11255
	Multiply	line 15a by 12 (the number of	f months in a year)				gon	X	12
	15b. The resu	ult is your current monthly inco	me for the year for	this part of the form			area-co-relations and	\$	135060

Entered 06/07/19 10:39:38 Case 8-19-74145-reg Doc 1 Filed 06/07/19 Andrea Ann Marie Gordon Debtor 1 16. Calculate the median family income that applies to you. Follow these steps: **NEW YORK** 16a. Fill in the state in which you live. 16b. Fill in the number of people in your household. 16c. Fill in the median family income for your state and size of household. 83887 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). 17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) Part 3: 18. Copy your total average monthly income from line 11. 11255 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 19b. Subtract line 19a from line 18. 11255 20. Calculate your current monthly income for the year. Follow these steps: 20a. Copy line 19b...... 11255 Multiply by 12 (the number of months in a year). 12 20b. The result is your current monthly income for the year for this part of the form. 135060 20c. Copy the median family income for your state and size of household from line 16c. 83887 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. Signature of Debtor 1 Signature of Debtor 2

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

MM / DD / YYYY

FIII ir	ı this i	nformatio	n to identify	your case:									
				Ann M		Gord	lon						
Debto		Andrea First Name		Middle Nam			t Name						
Debto (Spous) First Name		Middle Nam	e	Las	t Name						
United	d States	Bankruptcy	Court for the:	EASTER	N District o	f NEW Y	<u>YO</u> RK						
	number					····							
(i f kno	wn)										Check i	f this is	an amended filing
Offic	cial	Form	122C-2										
					of \	our	Dispo	sabl	e Inco	me			04/19
					eted cop	y of Cha	pter 13 State	ement of	Your Curren	t Month	ly Income	e and C	alculation of
Be as more s	complespace i	ete and ad	attach a se	ossible. If t	t to this	form. Inc	lude the line	-	7				ng accurate. If applies. On the
Part 1	1:	Calculate	Your Dec	luctions fr	om You	r Incom	e						·
to a	answe	r the ques	tions in line	s 6-15. To f	ind the II	RS standa	ards, go onli	ine using	tain expense g the link spe otcy clerk's c	ecified in			ounts
som sub	ne of you	our actual of	expenses if t	hey are high and 6 of Fo	er than th	e standar	rds. Do not in	clude an	In later parts or y operating ex unts that you s	xpenses	that you		
If yo	our exp	enses diffe	r from mont	h to month, e	enter the	average e	expense.						
Note	e: Line	numbers.	-4 are not u	sed in this fo	orm, Thes	e number	s apply to inf	ormation	required by a	a similar	form used	in chap	oter 7 cases.
5.			• •				tions from in		income tax		y consent demonstrative to refer the	e-commendation "animag	
	returr	n, plus the	number of a		l depende	nts whom	you support				3		
	ational tandar		You mus	t use the IRS	S National	Standard	ls to answer	the quest	tions in lines 6	S-7 <i>.</i>			
6.				tems: Using mount for foo				red in line	e 5 and the IR	S Nation	nal		\$ <u>1384</u>
7.	Stand categ allow	lards, fill ir ories—peo ance for he	the dollar a ole who are	mount for ou under 65 and sts. If your a	t-of-pocked d people v	et health o who are 6	care. The nur 5 or older—be	nber of p ecause o	in line 5 and t eople is split lder people h amount, you r	into two ave a hiç	her IRS		

People who are under 65 years of age 7a. Out-of-pocket health care allowance per person \$	Debtor 1	Andrea Ann Marie First Name Middle Name	Gordon Last Name		С	Case number (if known)	
7a. Out-of-pocket health care allowance per person \$ 54 7b. Number of people who are under 65 7c. Subtotal. Multiply line 7a by line 7b. \$ 162 here* \$ \$ 162 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person \$ 130 7e. Number of people who are 65 or older 7f. Subtotal. Multiply line 7d by line 7e. \$ 0 here* \$ \$ 162 7g. Total. Add lines 7c and 7f. \$ 0 here* \$ 162 Sundards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: ■ Housing and utilities – Insurance and operating expenses To answer the questions in lines 8-0, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. 2. Housing and utilities – Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses: 3. Housing and utilities – Mortgage or rent expenses: 3. Lotal average monthly payment for all mortgages and other debts secured by your hone. 4. To calculate the total everage monthly payment, add all amounts that are contractually due to each secured certor in the 60 months after you life for bankruptcy. Next divide by 90. Name of the creditor Average monthly payment on the formal and the formal and the formal and the payment on the formal and the payment on the formal and the payment on the payment on the formal and the payment on the payment		riist waine wildule waine	Lastivanie				
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People who are 85 years of age or older 7d. Out-of-pocket health care allowance per person \$ 7e. Number of people who are 85 or older 7d. Number of people who are 85 or older 7d. Subtotal. Multiply line 7d by line 7e. 10		7a. Out-of-pocket health care allow	vance per persor	\$54			
People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person \$ 130 7e. Number of people who are 65 or older X 7f. Subtotal. Multiply line 7d by line 7e. 8		7b. Number of people who are und	ier 65	X			
7d. Out-of-pocket health care allowance per person \$ 130 7e. Number of people who are 65 or older X		7c. Subtotal. Multiply line 7a by lin	e 7b.	\$ 107		\$ <u>162</u>	
76. Number of people who are 65 or older 77. Subtotal. Multiply line 7d by line 7e. 79. Total. Add lines 7c and 7f. 10. Use 1		People who are 65 years of age	or older	ANNEXES PRESENTE ASSESSMENT ASSESSMENT VIOLENCE AND A STATE OF THE SECOND STATE OF THE			
79. Total. Add lines 7c and 7f. Subtotal. Multiply line 7d by line 7e. \$ 162		7d. Out-of-pocket health care allow	vance per person	\$			
71. Subtotal. Multiply line 7d by line 7e. 10. Subtotal. Multiply line 7d by line 7e. 10. Subtotal. Add lines 7c and 7f. 10. Housing and utilities – Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. 10. Housing and utilities – Mortgage or rent expenses: 10. Housing and utilities – Mortgage or rent expenses: 10. Housing and utilities – Mortgage or rent expenses: 10. Subtotal. Add lines 7c and 7f. 10. Housing and utilities – Mortgage or rent expenses: 10. Subtotal. Add lines 7c and 7f. 10. Housing and utilities – Mortgage or rent expenses: 10. Subtotal. Add lines 7c and 7f. 10. Housing and utilities – Mortgage or rent expenses: 10. Subtotal. Add lines 7c and 7f. 10. Housing and utilities – Mortgage or rent expenses. 10. Subtotal. Add lines 7c and 7f. 10. Subtotal. Add lines 8-15. 10. Rent mortgage or lines 8-15. 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.		7e. Number of people who are 65	or older	x			
Tog. Total. Add lines 7c and 7f		7f. Subtotal. Multiply line 7d by lin	e 7e.	(e I)		+ \$_0	
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the calculation of your monthly expenses, fill in any additional amount you claim. Explain	40 IE:	rau alaim that the U.S. Turate - Du-	nuamia di dala:	of the IDC Land Starr	dard fr	bounded in incorrect and officet-	0
		calculation of your monthly expe					\$0

Doc 1 Filed 06/07/19 Entered 06/07/19 10:39:38 Case 8-19-74145-reg Andrea Ann Marie Gordon Case number (if known) Debtor 1 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating 608 expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. 2015 Chrysler 200 Vehicle 1 Describe Vehicle 1: 608 13a. Ownership or leasing costs using IRS Local Standard..... 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide Average monthly Name of each creditor for Vehicle 1 payment Credit Acceptance \$ 445 Copy Repeat this amount Total average monthly payment on line 33b. 445 here 🗝 13c. Net Vehicle 1 ownership or lease expense Copy net Vehicle 26 Subtract line 13b from line 13a. If this number is less than \$0, enter \$0. 1 expense here Describe Vehicle 2: Vehicle 2 13d. Ownership or leasing costs using IRS Local Standard 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Сору Repeat this amount Total average monthly payment here 🕏 on line 33c. Copy net Vehicle 13f. Net Vehicle 2 ownership or lease expense 2 expense here Subtract line 13e from 13d. If this number is less than \$0, enter \$0..... -14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public 608 Transportation expense allowance regardless of whether you use public transportation.

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

Debtor			Gordor	l	Case number (if known)		N 480 - 1 ₀		
	First Name	Middle Name	Last Name						
	Other Necessary Expenses		o the expense S categories.	deductions li	isted above, you are allowed your monthly expenses for the				
16.	self-employment tax from your pay for th	res, social secuese taxes. How btract that num	rity taxes, and vever, if you ex ober from the to	Medicare ta pect to recei	leral, state and local taxes, such as income taxes, xes. You may include the monthly amount withheld ve a tax refund, you must divide the expected amount that is withheld to pay for taxes.	\$	1202		
17.	Involuntary deduc		l monthly payro	oll deductions	s that your job requires, such as retirement contributions,		401		
	Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.								
18.	together, include pa	yments that yo iiums for life ins	u make for you	r spouse's te	your own term life insurance. If two married people are filing erm life insurance. ss, for a non-filing spouse's life insurance, or for any form of	\$	0		
19.	Court-ordered pay	ments: The tot			pay as required by the order of a court or administrative	¢			
	agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.								
20.	Education: The total	al monthly amo	unt that you pa	y for educati	ion that is either required:				
	as a condition for for your physically		allenged depe	ndent child it	f no public education is available for similar services.	\$	0		
21.	Childcare: The tota Do not include payn				e, such as babysitting, daycare, nursery, and preschool. tool education.	\$	0		
22.	required for the hea savings account. Inc	th and welfare clude only the a	of you or your mount that is r	dependents nore than the	ets: The monthly amount that you pay for health care that is and that is not reimbursed by insurance or paid by a health e total entered in line 7.	\$	23		
23.	for you and your dep phone service, to the income, if it is not re Do not include paym	pendents, such e extent necess imbursed by you lents for basic l	as pagers, cal sary for your he our employer. nome telephon	l waiting, cal ealth and wel e, internet or	nthly amount that you pay for telecommunication services ler identification, special long distance, or business cell lifare or that of your dependents or for the production of r cell phone service. Do not include self-employment or any amount you previously deducted.	+ \$	187		
24.	Add all of the expe Add lines 6 through		under the IRS	expense all	lowances.	\$	4905		
	dditional Expense eductions				lowed by the Means Test. allowances listed in lines 6-24.				
					account expenses. The monthly expenses for health nat are reasonably necessary for yourself, your spouse, or				
	Health insurance			\$	_				
	Disability insurance			\$_0					
	Health savings acco	unt	+	\$_0	_				
	Total		37-046(SAVIDAN)	\$	0 Copy total here →	\$	0		
	Do you actually spe	nd this total am	ount?	ine favor i Philipological del circle (Algori Novi Millione flar (Diry Candalli	www.compression				
	No. How much d	o you actually s	spend?	B	-				
26.	continue to pay for the your household or m	ne reasonable a ember of your	and necessary immediate fam	care and sup ily who is un	ly members. The actual monthly expenses that you will pport of an elderly, chronically ill, or disabled member of able to pay for such expenses. These expenses may m. 26 U.S.C. § 529A(b).	\$	0		
	you and your family	under the Fami	ly Violence Pre	evention and	ry monthly expenses that you incur to maintain the safety of Services Act or other federal laws that apply.	\$	0		
	By law, the court mu	st keep the nati	ure of these ex	penses conf	idential.	-			

Entered 06/07/19 10:39:38 Case 8-19-74145-reg Doc 1 Filed 06/07/19 Andrea Ann Marie Gordon Case number (if known) Debtor 1 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$170.83* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. * Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. 31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). Do not include any amount more than 15% of your gross monthly income. 32. Add all of the additional expense deductions. 0 Add lines 25 through 31. **Deductions for Debt Payment** 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly payment Mortgages on your home 6962 33a. Copy line 9b here..... Loans on your first two vehicles 33b. Copy line 13b here. 445 33c. Copy line 13e here. 33d. List other secured debts: Name of each creditor for other Identify property that payment secured debt secures the debt include taxes or insurance? 445 2015 Chrysler 200 **Credit Acceptance** W Vo 3295 PO Box 8068, Virginia Loancare No 3215 40 Elm Place, Freeport, NY Wells Fargo Copy total 7407 7407 33e. Total average monthly payment. Add lines 33a through 33d. here 🗫

Case number (if known)_

Gordon

Andrea Ann Marie

Debtor 1

34. Are any for your	debts that you listed in line support or the support of yo	33 secured by your prima our dependents?	ary residence,	a vehicle,	or other p	property nec	essary	
No.	Go to line 35.							
Yes.	State any amount that you mu possession of your property (c							
	Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly			
	Loancare	PO Box 8068,Virginia	Ψ	- ÷ 60 = - ÷ 60 = - ÷ 60 =	\$	3333.33 9933.33 1666.67		
	Wells Fargo	40 Elm Place, Freeport			\$			
	Wells Fargo Home Equity	40 Elm Place, Freeport,			+ \$			
				Total	\$	14933	Copy total here	\$ 14933
the filing No. Yes.	owe any priority claims—suc g date of your bankruptcy cas Go to line 36. Fill in the total amount of all of ongoing priority claims, such a	se? 11 U.S.C. § 507. these priority claims. Do no	ot include curre		at are pas	t due as of		
	Total amount of all past-due p	•			\$		÷ 60	\$ 0
36. Projecte	36. Projected monthly Chapter 13 plan payment							
Office of	nultiplier for your district as stat the United States Courts (for di utive Office for United States T	stricts in Alabama and Nor	th Carolina) or	by				
To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.								
Average monthly administrative expense						1223	Copy total here	\$ 1223
37. Add all of the deductions for debt payment. Add lines 33e through 36.								\$ 23563
Total Dedu	actions from Income							
38. Add all o	f the allowed deductions.							
Copy line 24, All of the expenses allowed under IRS expense allowances						4905		
Copy line 32, All of the additional expense deductions						0		
Copy line 37, All of the deductions for debt payment						23563	» =	
Total deductions						28468	Copy total here	\$ 28468
				*	- www.energistra.com/all-party-and-fifterant/	and the second s	_	

De	otor 1	Andrea A First Name		Gordon ast Name		Case number	ΘΓ (if known)		
Pa	rt 2:	Determin	e Your Disposable	Income Under	r 11 U.S.C. § 1325(b)(2)			
39.					orm 122C-1, Chapter on of Commitment Pe			*******************	\$ <u>1125</u> 5
40.	children. disability preceived in	The monthly ayments for accordance	y average of any child	support payments ported in Part I of	upport for dependents, foster care payments Form 122C-1, that you the extent reasonably	, or	0		
41.	employer specified i	withheld from	m wages as contributio	ons for qualified re quired repayment	of all amounts that yo tirement plans, as s of loans from retirem	¢	0		
42.	Total of a	II deduction	ns allowed under 11	J.S.C. § 707(b)(2)	(A). Copy line 38 here	·	28468		
43.	expenses and their e	and you hav expenses. Y	al circumstances. If so we no reasonable alter ou must give your cas and documentation for	native, describe th e trustee a detaile	ie special circumstance	es			
	Describe	the special c	ircumstances		Amount of expense				
	<u> </u>				\$0				
		· · · · · · · · · · · · · · · · · · ·			\$0				
					+ \$0				
				Total	3 C U 1	Sopy here	0		
44.	Total adju	ıstments. A	dd lines 40 through 43	• • • • • • • • • • • • • • • • • • • •		\$	28468	Copy here 🖈	- \$ 28468
	•		· ·						
45,	Calculate	your montl	nly disposable incom	e under § 1325(b	o)(2). Subtract line 44 fi	rom line 39.			\$ <u>-172</u> 13
Pa	rit 3:	Change i	n Income or Exper	ıses					
	or are virtu open, fill ir 122C-1 in	ially certain i the informa the first colu	to change after the da ation below. For examp	e you filed your bale, if the wages re second column, e	of the expenses you ankruptcy petition and exported increased after explain why the wages	during the time you filed your p	your case will etition, check	be	V
	Form	Line	Reason for change		Date of change	Increase or decrease?	Amount of	change	
	122C-1					☐ Increase☐ Decrease	\$		
	122C-1		and the southern			☐ Increase☐ Decrease	\$		
	122C-1		**************************************			☐ Increase☐ Decrease	\$		
	122C-1					☐ Increase☐ Decrease	\$		

Debtor 1	Andrea An	n Marie Middle Name	Gordon Last Name	Case number (if known)
Part 4:	Sign Belo	w		
By signing he	ere under per	nalty of perjury	you declare that the info	ormation on this statement and in any attachments is true and correct.
×	do:	م کر ح		*
Signature	of Debtor	- Luci		Signature of Debtor 2
Date MM	16/2 DD /YYYY	019		Date

ttachment to Means Test: Future Payments

ame of Creditor: Wells Fargo Home Equity

roperty Securing Debt: 40 Elm Place, Freeport, NY 115

.verage payment: 452
